

Chemist & Druggist

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NOVEMBER 9 1974

THE NEWSWEEKLY FOR PHARMACY

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NHS contract
to help small
pharmacies?

Guild's new
negotiator
talks to C&D

Apocaire
executive
for Westons

New call to
oppose VAT
multi-rates

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...now see what two can do!

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The newsweekly for pharmacy

9 November 1974 Vol. 202 No. 4938

116th year of publication

Contents

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Comment <input type="checkbox"/> A new contract	657
<input type="checkbox"/> Cash problems	657
A new NHS contract to help smaller pharmacies	658
Advice on siting a security cabinet	658
Multi-rate VAT: chemists "will not co-operate"	659
"NHS revenue compensates for counter sale loss"	659
Pharmacy closes despite public demonstration	659
A credit squeeze for pharmacies?	660
Postal and pharmaceutical history	660
The Xrayser column: Professional	662
Pharmacy's new negotiator: C&D interview	668
Country counter: Desperate dispensing doctors?	669
John Ramsay leaves Sangers for Westons	672
Spermicide's effectiveness questioned	675


Official organ of the Pharmaceutical Society of
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Northern Ireland

Member Audit Bureau of Circulations

Appointments	672	Market News	672
Bonus Offers	666	New Products	663
Business Briefly	672	On TV Next Week	666
Coming Events	675	People	662
Company News	672	Prescription Specialities	663
Deaths	662	Trade News	665
Equipment	671	Westminster Report	662
Letters	671	Classified Advertisements	676

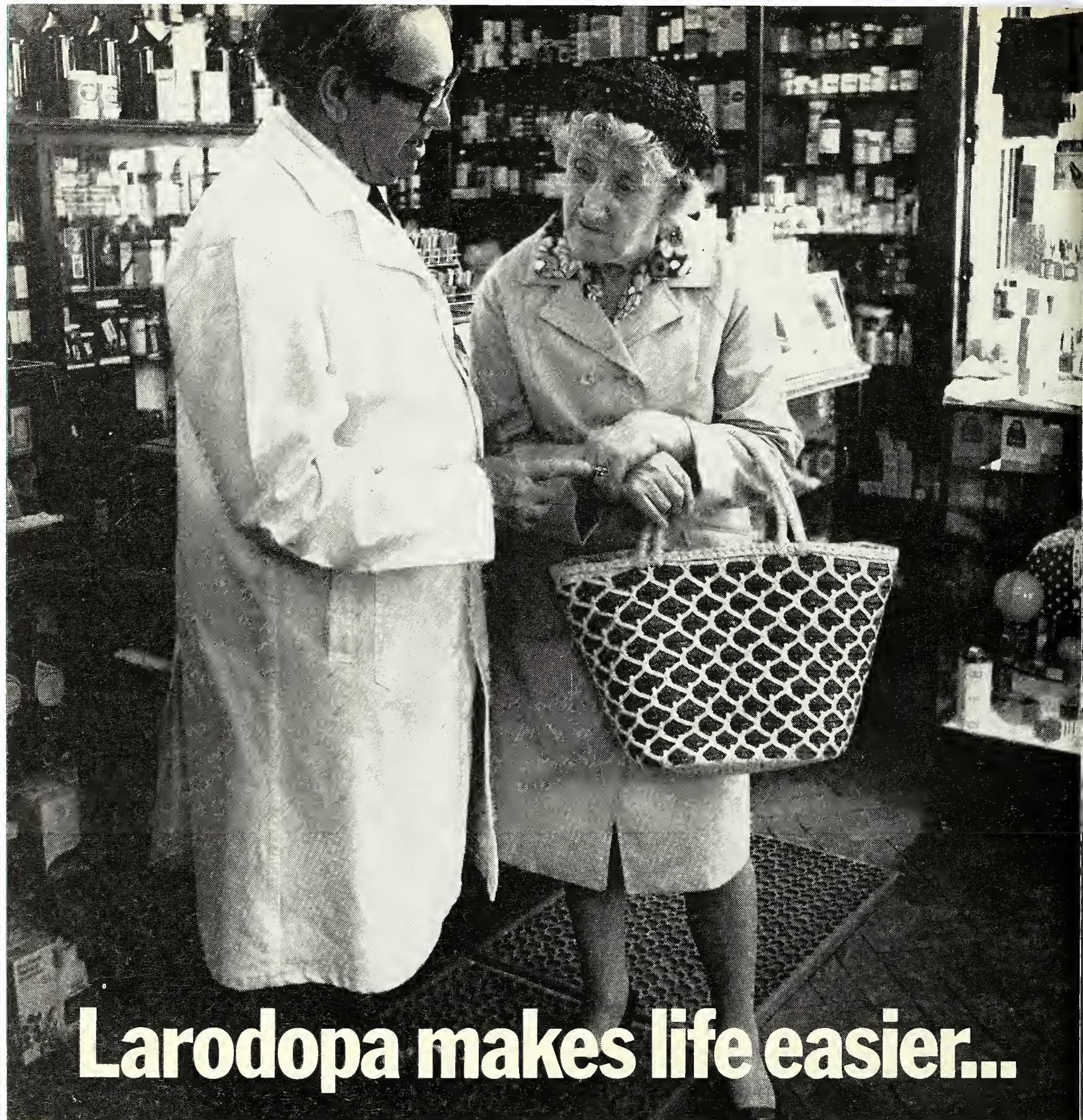
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may be reproduced, stored in a retrieval system, or transmitted in any form or by
any means, electronic, mechanical, photocopying, recording or otherwise without
the prior permission of Benn Brothers Ltd.Apocaire executive John Ramsay has
moved to the Westons group (see p 672)



Larodopa makes life easier...

For you

Dispensing generic levodopa prescriptions means a fresh decision every time—it doesn't happen often enough to form a habit. But Larodopa is levodopa in a form that is convenient for you because the double scored 500mg. tablet will fit, simply, into any dosage regime: and, as Larodopa is the most economical presentation of levodopa, you will be fully reimbursed by the Pricing Bureau.

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ROCHE

Comment

A new contract

Chemist contractors have been vociferous over recent months in expressing dissatisfaction with their NHS remuneration and the terms of the contract upon which it is based. Now the Central Committee has come forward with a proposed revision for the contract, and it is up to all contractors to either back it—or let the leadership know how it falls short of expectations.

From the Press report on last week's meeting of the Committee (p 658), in which it is stated that there was "considerable debate" before agreement, it must be assumed either that the proposals do not meet with the total support of all committee members, or that the draft put up by the subcommittee which has been studying the question was open to improvement. No doubt the "early representations" to be made to the Department will be to prepare the ground rather than to negotiate the final form of any new contract. It is after all evident that if relations between the Central Committee, the Department, and the contractors themselves have been strained because of the present contract, a fundamental change should be agreed on the chemists' side *before* the negotiations rather than have the negotiators left high and dry by rejection of the terms at a subsequent contractors' conference.

And the proposals do contain some fundamental changes, principally a redistribution of remuneration to ensure a pharmaceutical service in many cases where it would at present be uneconomic. In basic terms, smaller pharmacies would get more money—but to a degree it would be robbing Peter to pay Paul, the bigger units helping out the smaller. How willing is Peter to dip his hand into his pocket in the interests of the service? That is a question that will be answered only by the support given to the proposals by the big contractors who currently gain advantage.

The intention to reimburse specific outgoings such as rents and rates on a direct basis is sound, but we wonder whether all smaller independents who have called for this realise that they may have benefited from a global system which took account of the multiples' High Street costs. Many could find the proposed remuneration "safety net" essential if they lose the loading they now receive.

Planned distribution?

The minimum NHS remuneration proposal will, of course, help to keep smaller pharmacies viable, but the Government—or rather the public—cannot be expected to underwrite every pharmacy that decides to open its doors regardless of need. It is a change that, if accepted by the Government, might lead to a fresh look at planned distribution of pharmacies, at least so far as the NHS contract is concerned.

Whether the proposals will silence the critics is a moot point. Much of the criticism has been ill-informed and some of the misunderstanding stems from the complexity of the existing contract. There is little in the way of simplification in the proposals,

except that contractors would see rather more clearly what they are getting by way of direct reimbursement—it would still be necessary to argue other costs and the method of distributing the global sums in fees.

For most critics the problem with the present contract is that it does not pay them enough—and nor will any new contract unless the Government is prepared to put in more money. It must be the hope therefore, that reimbursement of costs more directly will show up the fact that many pharmacy units have not been receiving just reward for the services they provide, and lead to an increased allocation to the pharmaceutical services generally.

Undoubtedly there are those who would wish to see contractors have a professional fee approach to the whole question—a certain sum for dispensing a prescription. But they should remember that an arbitrary fee can readily be subjected to arbitrary cuts, as Mr. Enoch Powell proved. At least the present costs system has prevented any repetition of that, and it has been to chemists' advantage in days of high inflation to have a guarantee that their basic rising costs will be covered, leaving only their "salary" and profit margin to be negotiated.

Whether the proposals the Central Committee has put forward are what the rank and file are looking for or not it is up to each and every one to say—the individual who keeps his opinions to himself can have no justification for later criticising what the negotiators have done on his behalf.

Cash problems

That some suppliers are enforcing more stringently their business terms is not unexpected in the current inflationary conditions. Beset by problems of ensuring "cash in hand" to meet rising costs of raw materials and wages, a supplier more or less automatically must look to his customers to relieve his situation. They in turn "pass the pressure on", a normal business procedure.

In pharmacy, however, the rapid and uninterrupted movement of drugs from source to patient is an essential requirement of the NHS involving manufacturer, wholesaler and retailer. Anything that interferes with such transit is to be deplored. We therefore share the concern of Mr J. A. Mitchell, chairman NAPD, who recently made an appeal for adequate consultation about credit controls and the avoidance of precipitate action by their suppliers concerning new trading terms or the adjustment of long-standing credit arrangement.

We are sorry that the Glaxo organisation, with its strong wholesale connection, is being linked with reports of credit stringency that could change the pattern of distribution of "ethical" products essential for the NHS. The industry has sufficient external critics without an internecine war beginning within.

A new NHS contract to help smaller pharmacies

The Central NHS Committee has decided to press for an "entirely new" contract for chemist contractors. The proposed terms, set out below (and the subject of considerable debate at last week's meeting of the Committee), will be pressed by "early representations" to the Department.

The new contract would include:—

1. A small pharmacies scheme involving an initial practice allowance (£1,500) and additional payments to essential pharmacies not receiving a certain minimum net income from NHS dispensing. This would guarantee minimum levels of net NHS incomes on a sliding scale:—

Prescriptions dispensed annually	Minimum net income
0—8,999	£2,750
9,000—11,999	£3,000
12,000—14,999	£3,250
15,000—17,999	£3,500
18,000—20,999	£3,750
21,000—24,000	£4,000

The scale will be reviewed following agreement of the 1975 proprietors' notional salary.

2. A basic practice allowance for each pharmacy calculated on the number of prescriptions dispensed. This would range from £nil for pharmacies dispensing less than 3,000 NHS prescriptions a year to £4,000 for pharmacies dispensing 75,000 prescriptions or more.

3. A premises allowance to cover rent and rates calculated from the percentage NHS turnover of the business.

4. An ancillary and locum allowance based on a sliding scale of NHS prescriptions dispensed. The scale would commence at £250 a year for pharmacies dispensing less than 3,000 NHS prescriptions a year and rise to £4,000 a year for pharmacies dispensing not less than 75,000 prescriptions a year.

5. Suitable adjustments in the professional fee and on-cost to reflect the effects of the introduction of the above practice, premises and locum allowances.

The Central Committee believes that only on the basis of such a new contract is there any real prospect of significantly improving the general level of contractors' remuneration "and correcting the existing imbalance in the system of payment, which tends to favour the big dispensing businesses at the expense of the smaller."

Remuneration explained

"Evident misunderstanding" among chemist contractors about what is happening to the professional fee has led the Central NHS Committee to give further publicity to the present position.

A statement issued after last week's meeting stresses that payment of about £6 million being made to contractors in December is a once only lump sum on

account. "This figure was in respect of the calculated position at the end of 1974 and covered costs already incurred that had not so far been paid by the normal remuneration system. It also involved calculations based on the frequent increases in the rate of notional salary during 1974 owing to the operation of the threshold agreement. The period chosen for calculating how much each individual contractor should receive (January 1 to September 30, 1974) was decided upon because it gave the latest available prescription figures just in time for the calculation of the extra payment in December."

The Committee is continuing to pursue

Advice on siting security cabinets

Drug security cabinets should be positioned so as to make it more difficult for a thief to use a jemmy, according to Mr T. C. Coleman, crime prevention officer of Dorset and Bournemouth Constabulary. Addressing the Bournemouth and East Dorset Branch of the Pharmaceutical Society last week, he offered the following guidance to pharmacists on cabinet siting:—

☐ A cabinet fixed above, below or alongside a solid object will resist distortion under the jemmy's pressure and thus resist opening of the door.

☐ Ideal sites are in an alcove the width of the cabinet, or in a corner with the cabinet fixed at the back to one wall and with the locking edge against the other wall.

Mr Coleman also stressed the need for better locks on the doors of the premises to hinder access to the cabinet. Barrel locks and the old type of mortice lock were "useless"; deadlocks should be fitted. An alarm system was desirable, with the cabinet wired into it.

Asked whether it would be better not to have a cabinet at all, Mr Coleman said more damage would be done by thieves searching for drugs, and the advantage of daytime security against pilferage by staff and delivery men, etc, would be lost.

Mr Coleman later told *C&D* that he had seen cabinets modified by having 16-gauge sheet steel welded to the door frame to overlap the edges so that a jemmy could not be inserted. He believed that the cabinet specifications had been a minimum to reduce the costs to chemists. However, it was the first time there had been any kind of legislation on security and to that extent, chemists were, he agreed, "guinea pigs."

Drug thefts 'up 50%'

A sharp increase in the number of thefts involving drugs from private pharmacies during the last 12 months is reported by

its claim for an increase of 7.4p on the fee, but it is pointed out that, until further agreement is reached, the 17p professional fee and the 10.5 per cent on-cost will continue to be the basis on which remuneration is calculated. There is, however, no question that the acceptance of the lump payment represented "a climb down" on the 7.4p claimed for 1974. "Indeed, the Committee's negotiators had countered the Department's wish to reimburse the £6 million increased payment for 1974 by spreading it out over 1975 in the form of a temporarily increased fee per prescription. The negotiators insisted that the sum must be paid immediately as a lump sum (mainly because of contractors' cash flow problems) and that this agreement would not prejudice any current or future claims.

"The Central Committee nevertheless wanted contractors to understand that the calculations which produced the 7.4p claim had assumed acceptance of the Committee's claim for a £4,500 notional salary for 1974 and, much more important, acceptance of its proposals for certain fundamental changes in the treatment of pharmacy costs."

the Chemists Mutual Insurance Co Ltd. The figures, which compare the twelve months ending September 30, 1974, with those for the previous twelve months, show the following position:

Thefts involving drugs from CMI insured pharmacies

	1974	1973	% increase
Metropolitan Police district	55	31	77
All other districts	280	190	47
UK total	335	221	52

By comparison, recently released Home Office figures for the first six months of 1974 show only a 23 per cent increase in theft and handling stolen goods, compared with the identical period for 1973. About two-thirds of Britain's private pharmacies insure their premises with CMI.

Rising family expenditure on chemists' goods

The average household expenditure last year on medicines and surgical goods was £0.20 a week, a rise of 3p a week over 1972, according to the Family Expenditure Survey 1973 published last week (HM Stationery Office, £2.60). The figures for Greater London and rural areas were £0.21, and for provincial conurbations and other urban areas £0.19.

Expenditure on toilet requisites, cosmetics, etc, averaged at £0.43 a week (£0.40 in 1972), rural area families spending the most at £0.48, and provincial conurbation families the least at £0.39. Optical and photographic goods accounted for £0.27 a week for Greater London families, but only £0.12 for rural area families. The national average was £0.17 a week, about the same as the previous year. Medical, dental and nursing fees cost London families £0.16 a week, but only £0.07 for provincial conurbation families, with the national average being £0.10 (1972: £0.07).

Multi-rate VAT —chemists will not co-operate

Mr J. Wright, secretary of the National Pharmaceutical Union, has written to the Chancellor of the Exchequer, saying that pharmacists would be unable to co-operate if a multi-rate VAT system were introduced in the budget. The letter says:

"I wrote to you on June 26 to let you know how difficult it would be for retail pharmacists to handle additional rates of VAT. We were naturally relieved when no further rates were introduced in your July budget. But we are most concerned that we and our members are still receiving letters and publications from Customs and Excise indicating that you may not have abandoned your intentions to increase retailers' costs and work-load in this way.

"All retailers would find multiple rates difficult and time-consuming; our retail pharmacist members would, for the most part, be unable to operate them at all. Since I last wrote to you my colleagues have had discussions with Customs officials in an attempt to design a scheme by which pharmacists could calculate their VAT liability at more than two rates. So far no practical solution to the problem has been found and I therefore regret to have to inform you that if additional rates of VAT are introduced in your November budget, the 10,000 independent retail pharmacists in the UK will be unable to co-operate."

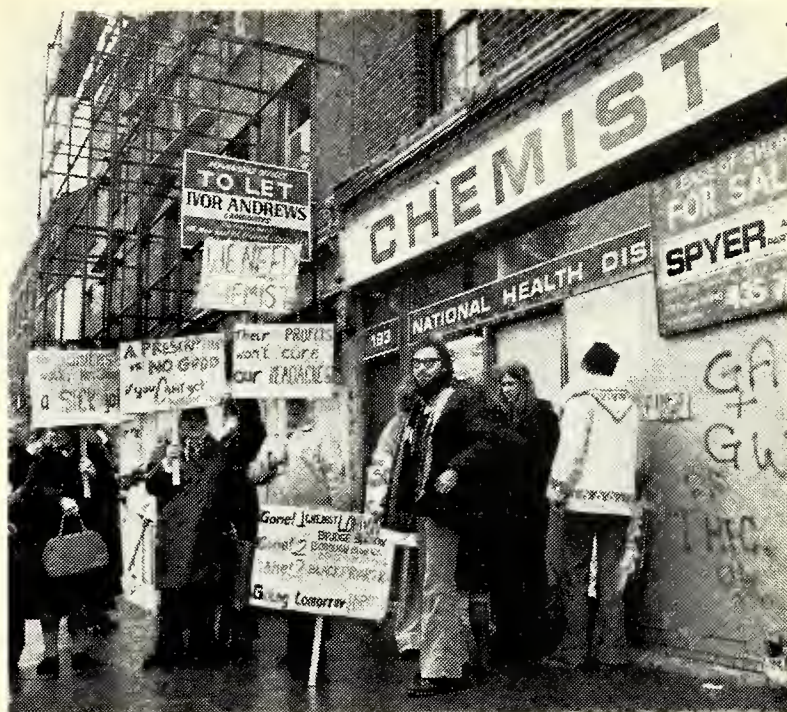
NPU members have been issued with a model letter which they are being asked to send immediately to their Member of Parliament at the House of Commons. The letter mentions that there have been rumours in the Press and elsewhere that the Chancellor intends to add a "luxury" rate and possibly a "low" rate to the already complicated VAT system, and that the NPU member would not be able to co-operate in such a system. Any replies are to be sent to the NPU.

The last time members were asked to write to their MPs, replies were forwarded to the NPU from about half the total number of MPs. Mr Wright has since asked 60 of the most sympathetic for their continued support and given them the details of his letter to the Chancellor.

Twelve back benchers have signed a Parliamentary motion urging the Government not to introduce multiple rates of VAT. The motion states that multiple positive rates of VAT would place a "damaging extra burden of unproductive paper work on businesses, particularly small businesses," and that extra higher rates of VAT are "ridiculously unnecessary" as well as inefficient as a "redistributive" measure while income tax rates are steeply progressive.

In a written question, Mr M. Fox asked

Some of the demonstrators protesting at the closure of a pharmacy in New Kent Road, London, last week. The demonstration was organised by Waterloo and North Southwark community groups. It is claimed that some old people would have to walk for 30 minutes to reach a chemist.



the Chancellor of the Exchequer what consideration he had given to the introduction of multiple-rate VAT. Dr John Gilbert (Financial Secretary to the Treasury) replied: "In his budget speech in March the Chancellor expressed the view that the single positive rate of VAT had substantial drawbacks from the point of view of flexibility. On the Chancellor's authority the Customs & Excise have consulted representative trade bodies with the procedural changes that would have to be made in the VAT system if additional rates were introduced."

NHS revenue compensates for counter sales loss

The increase in NHS revenue is compensating for the loss of counter sales to the small chemist, says the latest *Retailer Report* from the A. C. Nielsen research organisation.

In July-August, chemists' average weekly turnover (excluding Boots) increased by 12 per cent compared with a year earlier. Once again, increase in NHS revenue was greater than that for counter sales which gained 7 per cent compared with July-August, 1973. Multiples, Co-operatives and large independents showed an increase of 8 per cent in counter sales whereas small independents gained only 4 per cent, but the share of total turnover by type and size of pharmacy was almost identical to what it was a year ago.

The region including Devon, Cornwall and Somerset had average weekly counter sales of £569, about £100 higher than the next best region, which might be anticipated at the peak holiday season.

The average total weekly turnover for all shops reached £10.443m. Independents dispensed 87.4 per cent of NHS prescriptions in July (same as in 1973) with an average per shop of 1,899 against 2,074 for each multiple/Co-operative shop. Averages for June were 1,814 and 1,924.

Demonstrations—but pharmacy had to close

About 30 people with placards demonstrated against the closure of a South London pharmacy last week. But the demonstrators did not realise the reason for the closure, claimed Mr H. R. Michaels, superintendent pharmacist, of Rosicon Ltd, who ran the shop, Harfleur Cosmetics, in New Kent Road.

The demonstrators were apparently protesting at the number of pharmacy closures in the area—four chemists are said to have closed down in two years—and calling for something to be done about it. However, Mr Michaels explained to *C&D* that a series of incidents had caused him to close the shop. The front had been smashed in by a car about a month previously, and there was the possibility of structural damage to the whole frontage.

Although the window had been boarded up, it was still a security risk. The landlord of the premises had died and Mr Michaels then had to deal with executors, and the pharmacist at the shop had given in her notice. Because of those factors and the decline in business, he had been forced to close the pharmacy down.

A spokesman for Southwark Council said that the Council was concerned about the loss of chemists in the area.

Drug export up by 35 per cent

Exports by British pharmaceutical manufacturers in the first 9 months of 1974 virtually equaled the total for the whole of 1973. Exports amounted to £217.34m for the first three quarters of the year—an increase of nearly 35 per cent over the corresponding period of 1973. The surplus of exports over imports during the same period rose from £112.38m to £147.80m—an increase of 31.4 per cent.

	Co-operatives/ multiples	Large independents	Small independents
Average weekly cash sales per shop (£)	574	626	199
Average weekly NHS receipts per shop (£)	463	566	307
Share of sterling volume, cash & NHS	14.9	56.0	29.1
NHS as a percentage of total turnover	40.2	46.0	54.4

A credit squeeze for pharmacy?

A plea for tolerance, understanding, and "time to work things out" was made by Mr J. A. Mitchell, chairman of the National Association of Pharmaceutical Distributors at the half-yearly meeting last week. He was dealing with current cash liquidity problems.

All in the distributive chain were affected—retailer, wholesaler and manufacturer—and he asked that precipitate action should be avoided in what might well be "chain reaction". Wholesalers and retailers have been allowed time in which to meet their invoices but in some cases pressure was now being exerted to cut down periods of credit or to enforce terms more stringently. More general understanding was needed concerning the new circumstances and opportunity to discuss new or more restricted credit terms. Progress could be achieved only by more understanding and tolerance. "For the time being, at any rate, members of the NAPD are continuing to pay manufacturers on the arrangements, terms of settlement pattern which prevailed in July 1974."

It has been reported that a number of organisations were attempting to enforce their terms of business in respect of requiring earlier settlement of balances than hitherto. The Glaxo organisation has been specially mentioned although a spokesman told *C&D* that their terms of business were unchanged.

Small practices 'would die' if doctors lost dispensing

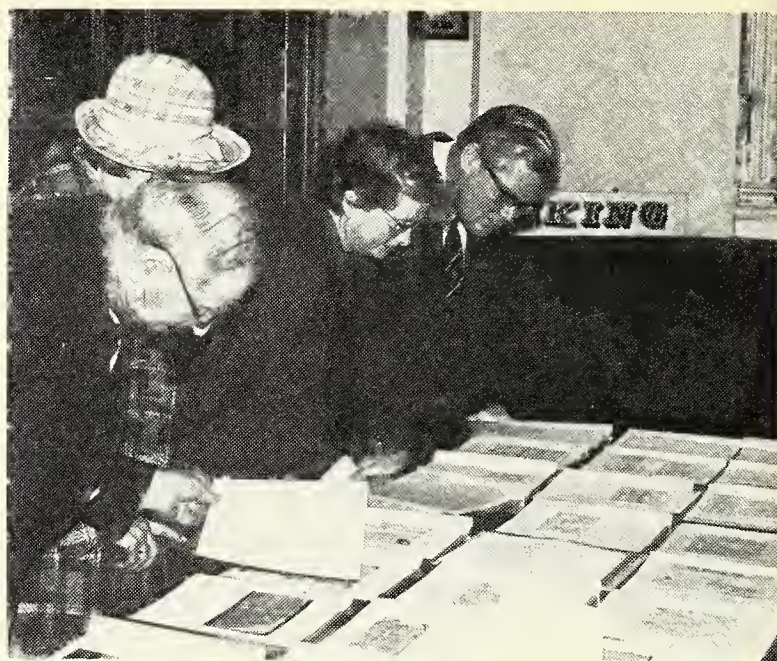
The "early death" of many small medical practices would follow if doctors lost the right to dispense, predicted a recent correspondent to the doctors' journal *Pulse*.

Dr D. H. Bailey, Burnhope, Durham, noted that the retail pharmacy "wolves" were at the dispensing doctor's door again, "though what possible advantage the divided crumbs of a GP's dispensing profits could be to a pack of wolves it is difficult to imagine."

Dr Bailey concluded: "And the patients? My dear chap, who the hell cares a damn for them? They can be sacked en masse for the convenience of group practices and treated like dirt. So, why on earth should they receive their medicine immediately when a wait in the rain, a 20p bus ride and a two-hour absence from home will bring them the services of a pharmacy which may not stock the drug prescribed?"

□ Another correspondent in the same issue wrote that service to the patient was the only criterion by which the pharmacists' claim should be judged, "and by that it fails."

Mr C. C. B. Stevens, the Pharmaceutical Society's president (left) examines some of the items from Dr Lewis's collections at last Sunday's philatelic exhibition



Postal and pharmaceutical history

An expanse of history undulating through the years from 1664 was shown in the hobbies of Mr D. Lewis, secretary, Pharmaceutical Society and Mr G. R. A. Short, formerly manager, flavour laboratory, W. J. Bush & Co Ltd at a meeting on "Pharmacists and Philately" arranged by the British History of Pharmacy on November 3. Both speakers are interested in postal history, Mr Lewis being especially concerned with that before 1840 whilst Mr Short is more concerned with botanical themes on stamps. Both showed items from their extensive collections.

Mr Lewis drew special attention to a letter dated January 11, 1664, from Syman Bayley addressed to Thomas Pengully, merchant at Ye Pestle and Mortar, Fenchurch Street, London, stating that "My aunt desires that you would be pleased to get her a toadstone—the best that you can get for the money. They are ordinarily gray but the black, as some say, is the better. That she leaves to your discretion . . ."

From early times the toadstone was reputed to possess the property of counteracting poisons. Another letter or certificate dated 1696 confirmed that a certain Mrs Wagstaff's indisposition was from a bruise and not The King's Evil. Another letter in the collection was addressed to The London Vaccine Institution in 1807, whilst one dated 1839 from Hong Kong appears to be an eye witness account of the beginning of the opium war.

There were letters concerned with preparations such as Jerusalem Eye Water (1713), Venice treacle (1790), dialysed iron (1883) to penicillin (1967). Another series concerning the period 1831-1847 was grouped under the heading "Cholera and disinfected mail"

Trade cards

In addition to the letters, Mr Lewis showed a number of underprinted stamps bearing references to the contemporary remedies and also a collection of medicine duty stamps. Then just to encourage his audience he showed three pages of pharmaceutical trade cards adding "There are about 6,000 different ones—if you want to get going". Mr Short dealt with the various plants shown on the

stamps in his collection especially those in the Yugoslav series.

He displayed examples of the first and of the most recent British Postage Stamps. The significance of the specimens of the penny black and two penny blue launched by Rowland Hill on May 6 1840 was that in the same year Edward Stanley Gibbons was born. The son of a Plymouth druggist he became a junior bank clerk but later became apprentice to his father who realised the profit-making possibilities of his son's stamp collecting hobby, setting aside a desk in the shop for stamps—"an early example of diversification in a druggist's business". Thus was founded the most famous philatelic business in the world.

New National Insurance contribution rates

The new rates of National Insurance contributions which may apply from April 6, 1975, are set out in the Social Security Amendment Bill reintroduced last week. The Bill passed its second reading stage on July 1, but was lost on dissolution.

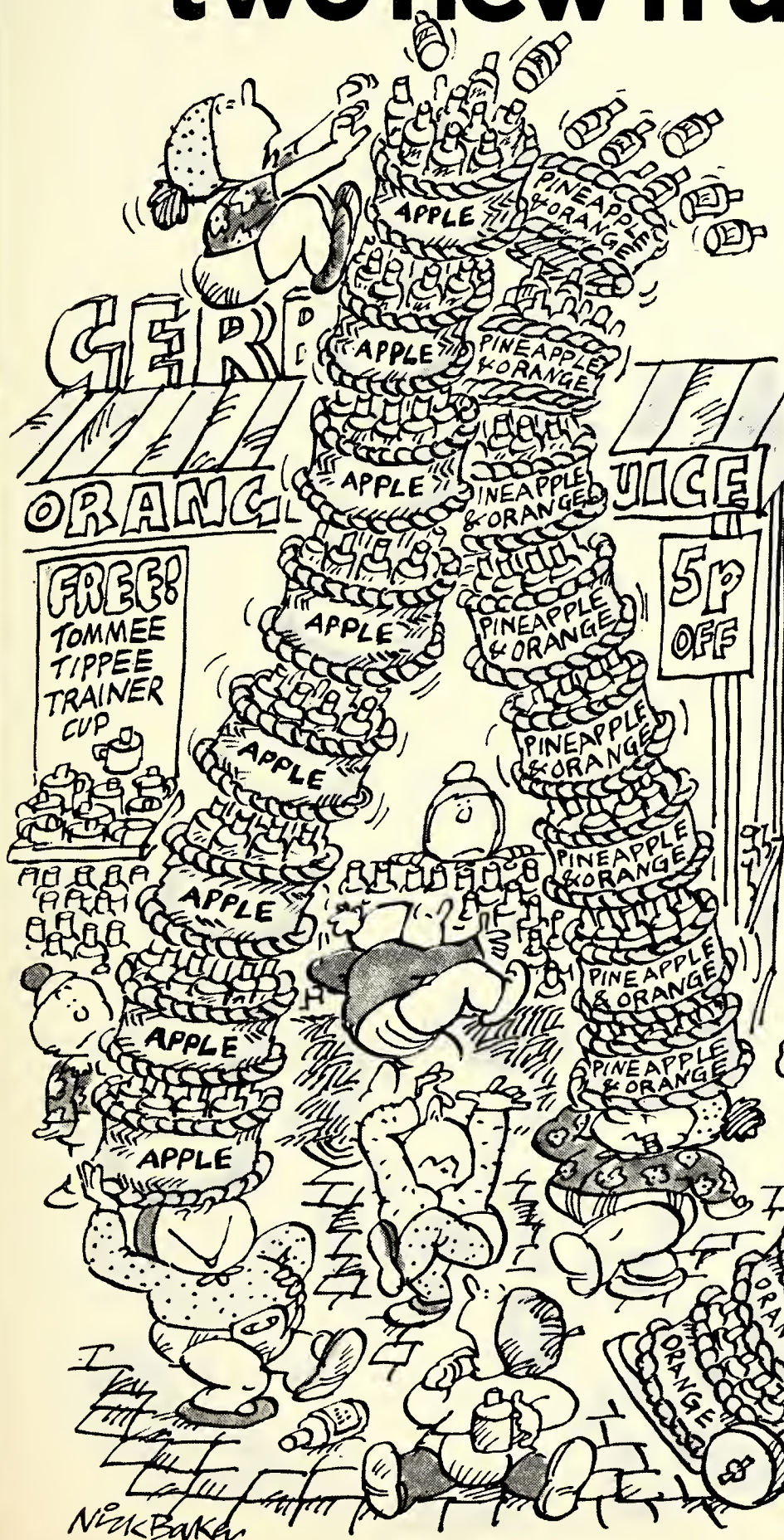
The employed earner's (class 1) contribution will be 5.5 per cent of earnings between £11 and £69 a week and the employer will pay 8.5 per cent.

The self-employed flat-rate (class 2) contribution will remain the same as at present for men—£2.41 a week. The Secretary of State intends to make an Order fixing a lower rate of class 2 contribution for women from April, 1975. This will be between the present rate for women and that for men and will represent the first stage of phasing out the present lower rate for women.

The class 4 rate (self-employed earnings-related contribution), a new contribution introduced by the Social Security Act 1973, will be changed from 5 per cent payable on the range of Schedule D profits or gains between £1,150 and £2,500 a year, to 8 per cent on the range £1,600 to £3,600 a year.

The reduced rate of class 1 contribution—payable by married women and widows who are allowed to choose not to pay contributions at the full rate—is to be increased from 0.6 per cent to 2 per cent.

Gerber are now selling two new fruit juices.



Apple and Pineapple & Orange.

It's the first time anyone has produced these juices especially for babies.

In test-market, together with our best-selling Orange, we increased fruit juices sales by half.

And now we're advertising in Maternity & Mothercraft (almost 200,000 mothers read it every month).

We're offering young mums a '5p off' coupon.

And we're inviting them to send us any two Gerber Fruit Juice labels in return for a free Tommee Tippee trainer cup.

Stock all our juices and there'll be something for everyone.

Young and old.

Gerber

Rich in nourishment. Safe in glass.

People

Mr Harold C. Harvey, a Unichem stock controller, received a 25-year service award last week at the Nuneaton depot. He began his career with Unichem at the first depot in Tooting.

Mr Roger Odd, an employee pharmacist in Oxford, spoke on the BBC radio programme "World at One" on Tuesday about the local unwanted medicines collection he helped to organise recently.

Mr F. H. Choppin, retiring chairman of Berk Pharmaceuticals Ltd, was entertained to dinner together with 50 staff by the directors on October 23. On behalf of the company, Mr J. A. Yuille, licensing director, presented him with a gold watch.

Mr Choppin was chief executive of the company from its inception in 1961 until 1973 when he took up in Paris the appointment he currently holds as vice-president, International Development with USV Corporation, the pharmaceutical subsidiary of Revlon Inc.

Deaths

Koster: On October 19, Mr Robert Koster, general manager of Glaxo's subsidiary company in the Netherlands, aged 56. Born in Amsterdam, Mr Koster spent the whole of his business career in the pharmaceutical industry. From 1963 to 1973, Mr Koster worked on the marketing and distribution of Glaxo products for Philips-Duphar. Glaxo BV was incorporated in the Netherlands when the agency agreement with Philips-Duphar expired and Mr Koster joined Glaxo as general manager. He died on the first anniversary of Glaxo BV's formation.

Severn: On October 25, Mr Maurice Severn, Bristol and Gloucester area representative, G. B. Kent & Sons Ltd, brush manufacturers.

Westminster Report

Quinine sulphate shortage

Mr Michael Morris, MP, requested a Commons statement last week on "the lack of supplies of quinine sulphate." Dr David Owen, Minister of State for Social Services, said he was unaware of any general shortage of quinine sulphate, but he would be prepared to investigate evidence of local supply difficulties.

Department hopes to cut drugs bill

The Department of Health hopes to reduce the NHS's drug bill, said Dr David Owen in the Commons last week.

Speaking during the debate on social policy, Dr Owen warned MPs not to draw too simplistic conclusions from international comparisons of money spent on health services. A number of factors saved money for the NHS; eg the price paid for drugs was negotiated, and such prices were generally lower than in other countries. "I hope that we shall be able to do more to reduce our drugs bill in the next months and years," he said, adding that the chemists' dispensing mark-up was negotiated.

Topical reflections

BY XRAYSER

Professional

I read with interest, if at the same time some misgiving, reports of the area meeting of contractors held at Lincoln recently. It said a good deal for the organisers that they succeeded in assembling such a large percentage of "possibles", and I hope that we shall see further meetings in the area, for such are educational in character, and by casting a wide net considerable good can accrue. And in view of the lack of enthusiasm shown by the meeting regarding the role of pharmacy's professional organisation, it might be of value to all concerned to invite a member of the Society's Council on a future occasion.

I was surprised to read that there was criticism of the Society's inspectorate, for I am bound to say that my small experience of it would not have led me to support those who expressed a preference for inspection by one who was not a pharmacist. I have experienced nothing but courtesy and helpful advice, and a patient and informed effort to acquaint me of changes in the legislation. They have, of course, a duty to perform, and if professional advice is ignored there is bound to be trouble.

Mr G. Urwin, a member of the Central NHS Committee, addressed the meeting, and he gave me the impression that he does not think very highly of his professional colleagues. He said that there was a new breed of chemist, the young graduate who did not wish to be tied down for 49 hours a week, hanging around when there was no pharmaceutical work to be done, in order to fulfil his NHS contract and comply with the Medicines Act. He went on to quote the chairman of the Statutory Committee to the effect that a pharmacy is there to provide a full pharmaceutical service or else it must be closed. Clearly, Mr Urwin is reported as saying, that was a 49 hour week, and he was worried that it was accepted by the profession without complaint. Is the "new breed" to comply or to look elsewhere for his future career?

It also surprised me to read that a member of the Central NHS Committee should advocate the commercial rather than the professional approach to retail pharmacy, particularly when in his capacity as a member of that body he is, in part, responsible for the negotiation of our professional fees. Mr Urwin stated that our whole public image was deplorable, and asked how many businesses survive despite the chemists in them. The answer, he says, is that the Central NHS Committee had not done badly over remuneration.

Specialisation

Mr Urwin devoted considerable time to the new breed, who "thought a great deal about nationalisation". He must not be surprised if the new breed takes a careful look at pharmacy as it is today, the public image of which, in Mr Urwin's own words, is deplorable. The new breed might wonder if there might not be an alternative in which it can find the professional approach which the speaker deprecated. That way he would be spared facing the issue of making money and staying in business.

Mr Urwin doubted whether the new breed would be at all worried about the prospect of being a salaried employee rather than an independent contractor. Again one wonders why it should be when, in the speaker's words, a quarter of the present total of pharmacies is threatened by the expansion of health centre practice, and also in the light of his assertion that hopes for the future of pharmacy would be raised if a more commercial approach were adopted.

There seemed to me certain inconsistencies in the argument, and the speaker must not be surprised if the "new breed" takes a calculating look at the picture presented, and wonders where it could make the best use of a professional qualification of a highly specialised kind.

New products and packs

Cosmetics and toiletries

Enter the Woozies!

The latest in the trend of children's toiletries to be based on fictional children's characters has been introduced by Yardley. Called the Woozies, they are "funny little creatures with one tooth, bags under their eyes, and an inborn ability to cause chaos" and have been created by Margaret Stuart Barry.

Yardley have so far launched two of the characters—Big Woozy (the mother) and Horatio in both soap and bubble bath form. Big Woozy soap is green and Horatio Woozy soap is yellow (£0.45). Woozy bubble bath comes in a pack illustrated with Woozy characters and has a light, fresh fragrance (£0.55) (Yardley of London Ltd, 33 Old Bond Street, London W1X 4AP).

Revlon add hairspray

Revlon have added a hairspray to the Flex range of hair care products. Flex (£0.95) is an all-resin solution that is said to give hair "hold" without stickiness or build up. It is suitable for all hair types (Revlon International Corporation, 86 Brook Street, London W1Y 2BA).

Electrical

Rigid hood hairdryer

Ronson have introduced a "professional hood hairdryer" for the home. The hair dryer (£22.75), in two-tone orange, has a large capacity hood with heat output thermostatically controlled by a switch on the front of the hood. It stands on a six-legged steel stand which has a built-in clamp to enable height adjustment. The hairdryer is designed to operate from 220-240 volts AC and comes with a 12ft two-core flex (Ronson Products Ltd, Randalls Road, Leatherhead, Surrey).

Home brewing

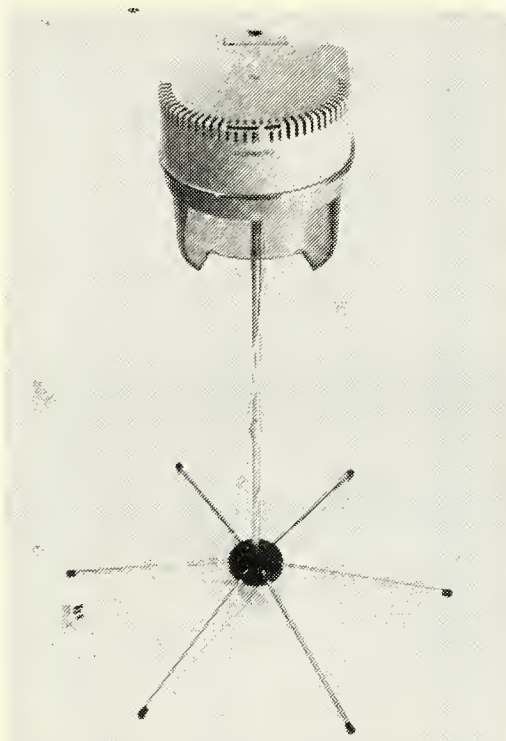
Sarah's bitter

A five gallon kit of home brew bitter (£0.60) has been added to the range of 11 Geordie kits by Viking Brews Ltd. Designed for the man with a low budget, the beer is described as "Sarah's Bitter" after Sarah Oliver, who ran a tavern in North Shields in the 18th century. The kit is presented in white polythene, with brown printing. The contents are malted barley, hops and yeast (Viking Brews Ltd, 28 Clive Street, North Shields, Northumberland).

Household

For removing stains

Reckitt & Colman have introduced an effervescent tablet for removing stains from china, pottery, glass and plastic



ware. Stainfree (£0.21) a pack of 12 foil-wrapped tablets that are dissolved in hot water, is said to be particularly effective for use on tea and coffee pot spouts, narrow neck decanters and vacuum flasks. During the November/December selling-in period, the makers are offering an introductory bonus of 16 for 12 and there will be consumer advertising in the



national Press, women's weeklies and the Radio Times in January, 1975 (Reckitt & Colman, household division, Hurst Street, Reddish, Stockport, Ches.).

Sundries

Four-ply handkerchief

A new pocket paper handkerchief has been introduced by Swan Mill Paper Co Ltd. Swantex (£0.5½) is a four-ply white tissue, with an embossed border design. It comes in a "pocket-size" pack of 10. To promote the product the makers have an introductory bonus of one free case with every 10 cases ordered (Swan Mill Paper Co Ltd, Swan Mill, Swanley, Kent).

Prescription specialities

DANOL capsules

Manufacturer Winthrop Laboratories, Winthrop House, Surbiton-upon-Thames, Surrey

Description Danol—orange capsule containing danazol 200mg as white or pale yellow crystalline powder. Danol-½—yellow capsule containing danazol 100mg

Indications Endometriosis, infertility associated with endometriosis, fibrocystic mastitis, primary constitutional precocious puberty and similar disorders where control of the release of gonadotrophins LH and FSH would be of value

Contraindications Pregnancy

Dosage Adults—Range 200-800mg daily in 2 to 4 divided doses. Children—100 to 400mg daily according to age and weight

Precautions Care in severe hepatic dysfunction. May cause some fluid reten-

tion so patients with cardiac or renal dysfunction, epilepsy or migraine require careful observation

Side effects Acne, oedema, hirsutism and voice change as well as increase in overall weight associated with mild anabolic and androgenic activity

Storage Protect from light

Packs Danol—100 capsules (£39.20).

Danol-½—100 capsules (£19.80)

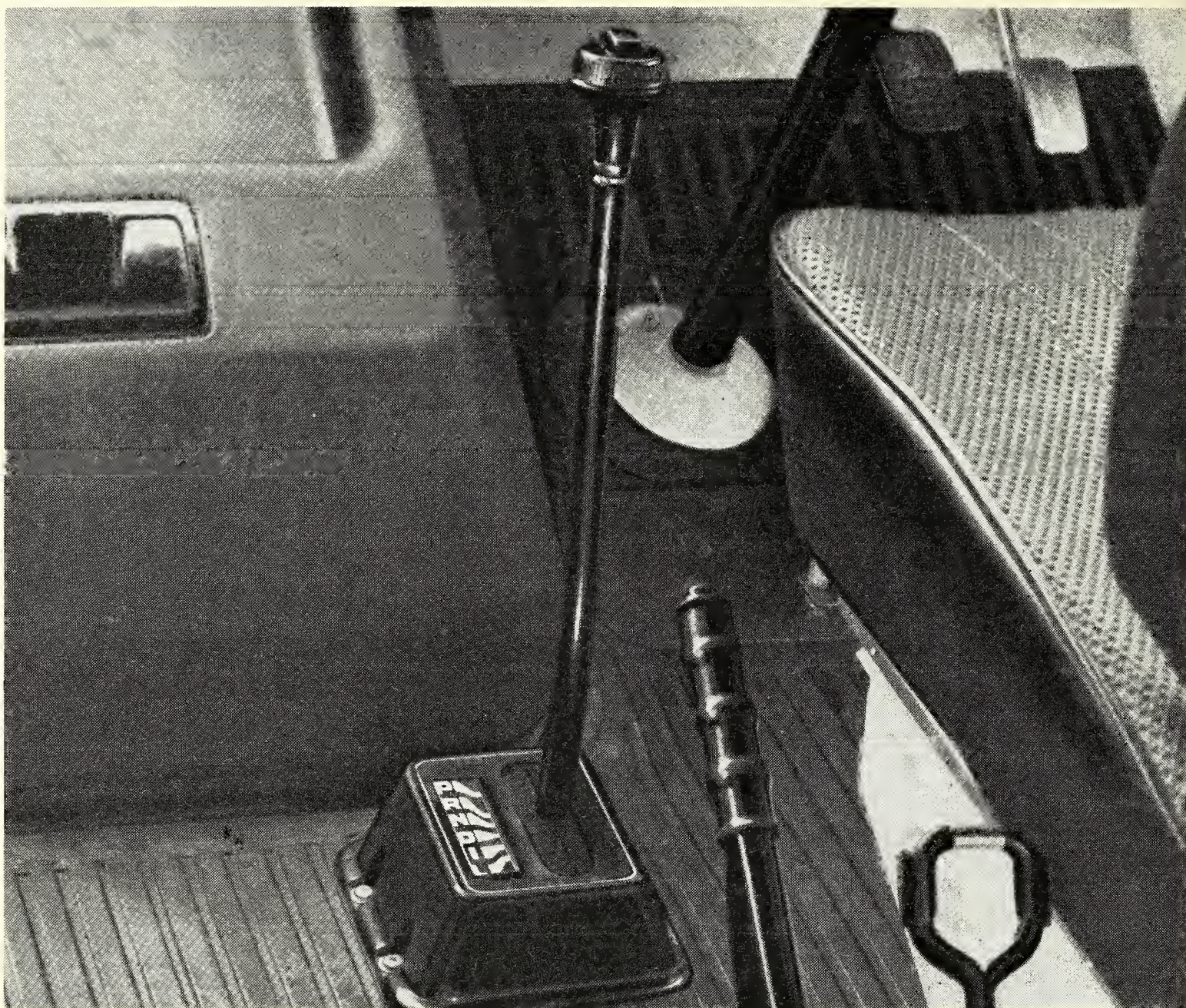
Supply restrictions P1, S4B. Initially hospital use only

Issued November 1974

Notes Danazol exerts its main pharmacological action on the endocrine system as an inhibitor of gonadotrophin synthesis and/or release by the pituitary. It has no oestrogenic or progestational activity

Madopar capsules

Roche Products Ltd, Broadwater Road, Welwyn Garden City, Herts, have introduced Madopar capsules, available in two strengths:— 125mg, each containing 100mg laevodopa and 25mg benserazide (100, £5.20 trade), and 250mg, each containing 200mg laevodopa and 50mg benserazide (100, £9.30 trade). Full details next week.



Bedford CF Automatic. Because it saves you wear and tear.

If most of your work involves stop-start city driving, a Bedford CF with GM Automatic transmission makes a great deal of economic sense.

Automatic transmission takes the strain off engine, axle and tyres. You're always in the right gear. So there's no labouring or over-revving. And because a CF Automatic moves off smoothly, however heavy-footed the driver, the load isn't thrown. Smoothly doesn't mean slowly though. The CF Automatic accelerates just as well as the CF with manual gearbox.

But that's not all there is to it. The CF Automatic reduces wear and tear on the driver too. And, let's face it, it pays to keep him happy.

Now let's get into the van. In the front:

smooth independent front suspension, precise rack and pinion steering and power braking for safe, sure handling. Plus a high torque power unit for full load 'get up and go'.

At the back: doors that open through a full 180° (so you can back right up to a loading bay) and a low cargo platform for easy loading.

Reliable, economical, versatile, the Bedford CF is backed by the nationwide Bedford dealer network, with service and parts at sensible prices.

Get the full details and try a CF Automatic at your Bedford dealer.

The change is as good as a rest.



BEDFORD

Trade News

Beecham move into sport sponsorship

Beecham Proprietaries Ltd, Beecham House, Brentford, Middlesex, are to spend £5,000 in sponsoring a new five-a-side water polo competition. An international club tournament is to be held on Saturday, November 23, at 6 p.m., at the Crystal Palace National Sports Centre. Eight teams, four European, four British, will compete for the Aquafresh trophy and the event will be shown on BBC Grandstand the following week—the first time since 1969. Entry to the tournament will be free.

The concept of five-a-side water polo is new and rules, agreed by FINA, have been devised for the competition. It is hoped that the changes in the game will produce a fast form of water polo, and one that will be adopted by swimming clubs throughout the country.

□ Beecham Proprietaries introduce a new variant in the Hilton Shader range—pearl cloud. This replaces the existing pearly ash. The range has also been re-packaged in new sachets.

New look for Gillette

The bewhiskered face of King Camp Gillette, founder of the Gillette company is to be replaced by a new corporate identity which will "help to link all divisions and products to the Gillette name and continuously emphasise the breadth and diversity of the company." The new



The Gillette Company

symbol was designed by the Braun company of Germany and consists of a circle incorporating a 'G' for Gillette. The new logo has been designed to draw to the consumers' attention the diversity of products made by Gillette Industries Ltd. Great West Road, Isleworth, Middlesex.

Vaccine difficulties

Owing to an increased demand and production difficulties, Parke, Davis & Co, Usk Road, Pontypool, Gwent, say that there has been some delay in meeting orders for the 5ml catarrh vaccine. As soon as new stock is approved by the Medical Research Council it will be released to fill existing orders already received from wholesalers and retail pharmacists, the company adds.

Babymilk window stickers

Cow & Gate Ltd, Guildford, Surrey, have produced double-sided window stickers for two of their modified milks—Babymilk Plus and V Formula. The stickers measure 14½in wide by 4½in deep and are said to peel off the window without leaving a mark. Pharmacists supplying the catchment areas of hospitals already using Babymilk Plus or V Formula will receive



stickers from the company's representatives, and as more hospitals adopt the two milks, representatives will ensure that suppliers of the window stickers are made available immediately.

Nigroids acquired

Ernest Jackson & Co Ltd, Crediton Devon, through their subsidiary company Arcadian Confections Ltd have acquired the registered trade mark and goodwill of the product Nigroids. Future orders should be included with orders for either Ernest Jackson or Arcadian products, and will be supplied and invoiced from Crediton.

Passport to the sun

Crookes Anestan Ltd, PO Box 94, 1 Thane Road West, Nottingham NG2 3AA, are offering free weekends in Majorca and Ibiza to chemists stocking their latest on-pack Hermesetas promotion. This takes the form of a competition which offers the consumer £3,500 worth of holidays and is expected to boost sales that have already been increased as a result of current sugar supply difficulties.

Throughout the promotion, chemists will receive "passports" and stamps with the two and three dozen outers of Hermesetas packs. The weekends are offered to stockists who correctly fill the passports with the appropriate stamps. Blister packs of 300 and 650 sizes of the product which feature the competition have been produced and there are show card, counter display units, window stickers and shelf strips available from the company's representatives.

Hedex on television

A national television campaign has been launched for Hedex by Sterling Health Products, Winthrop House, Surbiton, Surrey. The 30-second commercial has the theme "Hedex, powerful against headaches, gentle on your stomach" and will be supported by advertising in the Press and consumer magazines throughout the winter.

Instant coffee

Thompson's dandelion coffee is now available in "instant" form (150g, £0.49). Potter & Clark Ltd, 9 Wellesley Road, Croydon CR9 3LP, say that when stocks of the roasted and ground variety are exhausted, the "instant should be offered in its place."

'How to sell beauty'

An intensive one-week course for those who wish to learn how to "sell beauty with confidence" is being run by Potter-Evans Personnel Ltd, at 75 George Street,

London W1. The course covers most aspects of selling beauty products, including instruction on skin care, fragrance, make-up techniques, link sales and customer approach. They say they cover most of the leading cosmetic lines and so do not put an emphasis on one particular beauty house. The course, which has been in existence for five months, runs for one week in every month and costs £43.20. Details from Potter-Evans Ltd.

Battery dispenser

A battery dispenser designed for use with the new Power Plus range of alkaline manganese and mercury batteries is now available from the Vidor division, Crompton Parkinson Ltd, 50 Marefair, Northampton.

The dispenser comprises seven vertical slotted compartments for use with strip-packaged batteries, and a lower tray for larger sizes of batteries. It has a header card and a wall support is available. Dimensions are 16½in high, 18½in wide and 8½in deep.

Polaroid Christmas promotions

Polaroid (UK) Ltd, Ashley Road, St Albans, Herts, will be advertising Color-pack and Super Swinger cameras nationally this Christmas. Advertisements will appear in the *Sunday Times* and *Daily Telegraph* magazines and a 30-second commercial featuring the Super Swinger will be televised nationally from November 18.

The makers are also running merchandise-linked promotions in November and December. These encourage the dealer to use local radio and newspapers to advertise the consumer promotions. Details from the makers.

Apple and pineapple introduced

Following a successful test launch of two new-flavour Gerber fruit juices—apple and pineapple—CPC (UK) Ltd, Claygate House, Esher, Surrey, are to introduce them nationally. To support the national launch, the makers are advertising in *Maternity and Mothercraft* and are offering a 5p-off coupon to mothers plus the offer of a free Tommee Tippee trainer cup for any two fruit juice labels sent to them.

Continued on p 666



Display kit holding 12 of the new Christmas gifts by Cologne Perfumery Ltd, Telford Road, Basingstoke, Hants, for 4711. The gift (£1.24) contains 4711 eau de Cologne and a tablet of Creamy Cologne soap and is wrapped in a red bag decorated with a bow, holly berries and a Christmas label.

Trade News

Continued from p 665

Depixel storage

Lundbeck Ltd, 40 Park Street, Luton, Bedfordshire LU1 3HS, have announced that Depixel injection, ampoules and syringes now being delivered to wholesalers have a shelf life of two years from date of manufacture when stored at room temperature not greater than 25°C—previous batches required storage at less than 15°C. Storage in a refrigerator of the new stock will therefore be no longer necessary.

Kimberly-Clark promotions

Kimberly-Clark Ltd, Larkfield, Maidstone, Kent, are giving away a pair of Pretty Polly tights worth £0.26, banded to packs of Kotex New Freedom panties and bikinis. During the promotion, which lasts four weeks, the panties and bikinis will be packed in cases which open to form display outers on-shelf.

□ They are currently promoting a bonus pack of 12—containing two extra towels free—on Kotex Simplicity.

□ Kleenex for Men tissues are to be backed by a £75,000 advertising campaign beginning this month featuring full-page colour advertisements for the product in leading women's magazines.

Lucozade competition

Beecham Foods, Beecham House, Great West Road, Brentford, Middlesex, are currently running a Lucozade "Up and about" competition.

The competition is for children up to the age of 16, to design a get-well card. The winning card will be reproduced by Hallmark Cards and the winner and family will receive an all-expenses paid trip to the US visiting Walt Disney World, the

Space Centre and flying "up and about" in a helicopter. Other prizes include 400 Hamleys' toy vouchers, 1100 books and 2000 tickets to see the latest Walt Disney film.

The prizes will be split into three categories: up to eight years; from eight to 11 years; from 12 to 16 years. Collarettes promoting the competition carry an entry form and there is display material available. Closing date for entries is March 31, 1975.

Nulon commercial

A television commercial called "charades" is currently running for Nulon hand cream. Reckitt & Colman toiletries division, Sunnysdale, Derby, have made a commercial in which a woman "plays a charade" with her friends who list the products' attributes whilst "guessing" the right answer.

Co-op Christmas promotion

A Christmas promotion called "Just what we wanted for Christmas" is being run by Co-op pharmacies this month. To enter, customers buy one product on promotion from Yardley, Fabergé Brutt 33, Goya, Gillette, Gentle Care or Three Wishes selections and complete an entry form. Prizes include 20 £25 gift vouchers and 100 Goya beauty sets.

Rubinstein money-saver

From January, 1975, Helena Rubinstein Ltd, 31 Davies Street, London W1Y 1FN, are offering for a limited period the Skin Dew range at money-saving prices. Products on offer are the 340cc sizes in the emollient cleanser £0.98, freshener and toner £1.08, herbal lotion £1.08, and emulsion £1.41.

Autumn pebbles

Autumn pebbles is the name given by Chesebrough-Pond's Ltd, Victoria Road, London NW10 6NA, to the latest Cutex nail polish range (£0.34½). The colours consist of five opaline shades—apache tears, Jasper pink, cinnamon stone,

polished slate, white opal—and one creme polish—cornelian—all named after rare or natural stones.

Advertising campaign

An advertising campaign featuring space in newspapers and magazines and spots on radio, has been launched for Formula 15—distributed by Richards & Appleby Ltd, Derby Street, Ormskirk, Lancs.

Bonus offers

Laboratories for Applied Biology Ltd, 91 Amhurst Park, London N16 5DR. Laboscept pastilles. 14 packs invoiced as 12 (until December 30).

Arthur H. Cox & Co Ltd, 93 Lewes Road, Brighton, BN2 3QJ. Cold Discs Effer-C, pain relief tablets (24s). Tyroco throat lozenges. 14 as 12 on orders of 3 doz or more per item.

on TV next week

Ln—London; M—Midland; Lc—Lancashire
Y—Yorkshire; Sc—Scotland; WW—Wales
and West; So—South; NE—North-east;
A—Anglia; U—Ulster; We—Westward;
B—Border; G—Grampian; E—Eireann;
CI—Channel Islands.

Alberto Balsam shampoo and conditioner: All except B

Andrex: All areas

Aquafresh: All areas

Beecham Powders range: WW, We, CI

Beecham Powders and tablets: All except WW, We, E, CI

Cachet: Ln, M, So, NE, Y, G, So

Close-Up: All areas

Complan: All areas

Cutex: Ln, M, Lc, Y, WW

Fisherman's Friend lozenges: Ln, Sc, So, NE, A

Flair: All areas

Freshmint: All areas

Glaxo-Farley foods: Ln, M, Lc, Y, WW, So, NE, A, G

Grecian 2000: Ln, M, Lc, Sc, So, NE, A, B, G, CI

Harmony hairspray: All areas

Hedex: All areas

Khadine: All areas

Marigold household gloves: All except Sc, We, B

Maybelline Great Shadow: All except U

Mentho Lyptus: All except E

Oil of Ulay: All areas

Old Spice: All areas

Pears foam bath: All areas

Pears Lasting Care: M, Lc, Y, So, NE, We, CI

Pears soap: All areas

Philips Ladyshave: M, WW, So, A, We

Q-Tips: All areas

Sea Jade: All areas

Signal: All areas

Sunsilk Colour Foam: NE

Sunsilk hairspray: All areas

Sunsilk setting lotion: All areas

Three Wishes foam bath: All areas

Tom Caxton home brew: All except Sc, U, G

Vaseline Intensive Care lotion: All areas

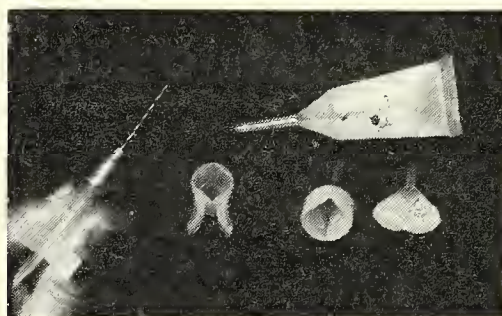
Venos cough mixture: All except G, E, CI
Us hairspray: Lc

A 'collapsible' syringe from Australia

A collapsible plastic tube, said to have application for single dose liquids and as a syringe, has been developed by A. Strazdins Pty Ltd, Australia (UK agents: Merris Development Engineers Ltd, 24 Airfield Estate, White Waltham, Nr Maidenhead, Berks SL6 3QQ).

Known as Jectube, the tube has a round cross section on the outside, but a square, hexagonal or octagonal section inside. When pressed the tube collapses flat with the thick sides acting as solid flats and the thin corners acting as hinges. This is claimed to overcome the disadvantages of ordinary plastic tubes which are resilient and collapse only locally. Jectube is thus said to be particularly suitable for veterinary and pharmaceutical products where the contents must be expelled in one squeeze.

Jectube comes in two forms. The first, for treatment of bovine mastitis, hypodermic antibiotic injections for animals, eye drops, enemas and contraceptive foams, is available in sizes 0.5ml to 50ml.



For general use these are made in high molecular weight low density polyethylene and butile rubber which retains its flexibility at freezing temperatures.

The second is the Jectube syringe which is basically the same shape as the single dose Jectube but has two moulded lugs added. It can dispense set amounts—0.5ml, 1ml, 2ml but no intermediate volumes can be dispensed. The syringe is moulded in low density polyethylene and is not suitable for long term storage or drugs and vaccines.

The Swiss way to increase your sales

1973
Pharmaton
Capsule sales

*Pharmaton sales outstripped the market growth by 81% during 1973.

*Pharmaton is a chemist-only line.

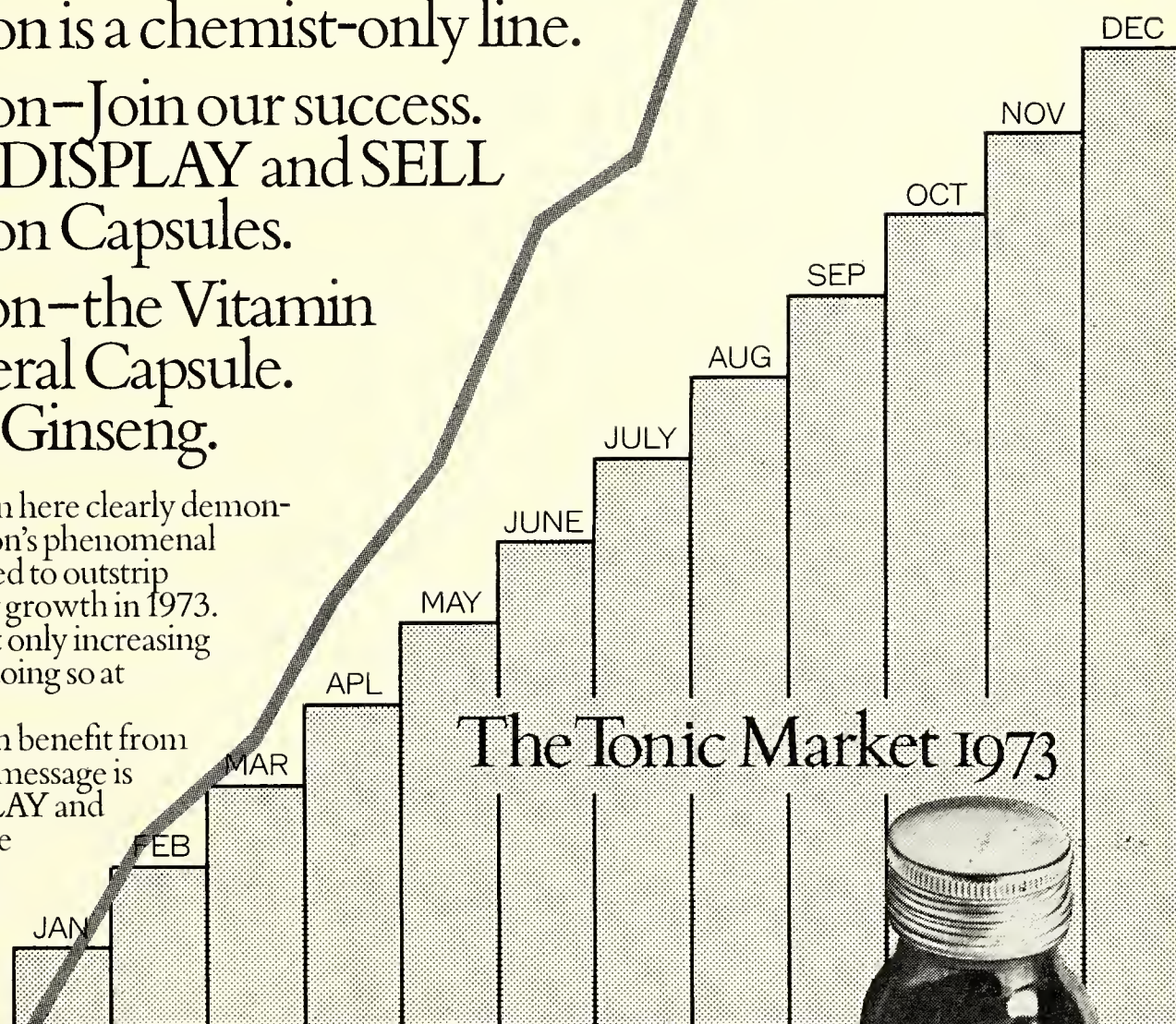
*Pharmaton—Join our success.
STOCK, DISPLAY and SELL
Pharmaton Capsules.

*Pharmaton—the Vitamin
Plus Mineral Capsule.
Contains Ginseng.

The graph shown here clearly demonstrates how Pharmaton's phenomenal sales growth continued to outstrip the total tonic market growth in 1973.

Pharmaton is not only increasing its market share, but doing so at an increasing rate.

Only chemists can benefit from this rising tide. So the message is clear. STOCK, DISPLAY and SELL Pharmaton—the Vitamin Plus Mineral Capsule that contains Ginseng.

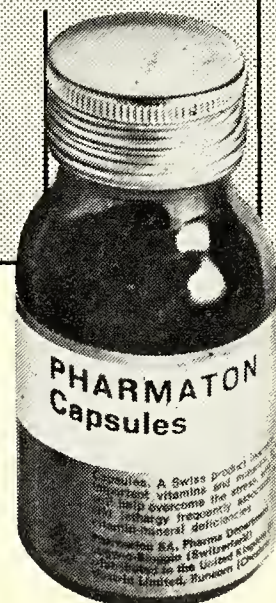


Pharmaton

The Big Profit earner for 1974

For further information on Pharmaton products, contact the Pharmaton Information Bureau, 6 Rosebery Road, London SW2 4DE.

Vestric Ltd are the main UK distributors for Pharmaton products.



C&D talks to pharmacy's newest negotiator

Now hospital pharmacy sets the salary pace

Mr Jim Mercer was unknown to pharmacy until recently, but his name has come to the fore following the successful salary claim by the Association of Scientific, Technical and Managerial Staffs for hospital pharmacists. In this exclusive C&D interview, Mr Mercer gives his views on hospital pharmacists, their pay negotiations, and the relationship between ASTMS and the Guild of Hospital Pharmacists.

C&D: Before you became associated with the Guild, what were your views generally on pharmacists?

Mr Mercer: I came in with a completely open mind and had no prejudices. I had a close association with one man in the local Labour Party who was a pharmacist, but we rarely discussed his work.

What is your current view of hospital pharmacists?

All workers are basically the same, and hospital pharmacists are no different. They were over-worked, badly paid, but had a great sense of loyalty to the service they provided. This is a common pattern found in other workers coming into the Union from the white collar area. There had been a steady erosion of their living standards for years which made them look around for a stronger negotiating body. You tend to make massive strides in the first few years with such a group and, having dragged them up to a standard, you maintain them there. From there on there is a much more gradual improvement in conditions, but you make sure they don't get left behind.

Investment

Does ASTMS regard its commitment to the Guild as an investment?

Yes, and given very willingly indeed. And it will continue to be given. The Union sees the Guild as an important section which is highly organised, and we will be using its example in other areas. There is a definite commitment to the Guild's programme for 1975.

Is there a split by definition between a person who is a trade unionist and a member of a profession?

There is no dilemma between the two, people have to carry out their jobs, and a trade union is there to protect their interests. Sometimes there is conflict between the two when some people want to retain outmoded practices. Transgressions of the Pharmaceutical Society's Code of Ethics for hospital pharmacists would invariably be transgressions of the rules of employment anyway.

How do you see hospital pharmacists as trade unionists?

They have a great sense of collective responsibility towards one another and are very well organised — indeed they are the most highly organised of the scientific side of the NHS. What they haven't got

yet is a sense of belonging to a trade union. I don't think they need a great change of attitude, but just a realisation of working together. We have organised schools to explain the ASTMS set-up, and the merger is going along happily. They are making contact with other ASTMS members and their divisional officers in the provinces.

Closed shop

And as professional workers?

They are professional in their sphere, but there again so is everybody else. The important difference is that if they transgress the Pharmaceutical Society's Code of Ethics, they may be struck off the Register and lose their job. The Pharmaceutical Society is a very effective pre-entry closed shop body; hospital pharmacists dispute the post-entry closed shop philosophy but accept pre-entry in their own profession. This is not peculiar to pharmacy, but to me is totally strange and twisted thinking.

Do you think there should be a post-entry closed shop in hospital pharmacy i.e. all members of ASTMS?

It may well have been unthinkable that we should have a post-entry closed shop in 1974, but what about 1994? Until the Industrial Relations Act 1971, ASTMS members rarely considered closed shops, but that Act started people talking about it. People will be talking about post-entry closed shops in the white collar sector in the future. Any future post-entry situations would be negotiated on the attitude of the members in their own particular industrial environment.

Where do you think hospital pharmacists should draw the line, if at all, in industrial disputes?

They could go as far as any other group in the health service. In disputes involving NHS workers there has never been any withdrawal of an emergency service. It would be up to the pharmacists themselves to decide what action they would take.

Sometimes it is beneficial for a dispute to take place and it can crystallise the issues. It is better to have a dispute lasting one week, and then solved, than not to have a dispute and have a steady erosion of staff and services, which is what we have had for 25 years. The first NHS dispute was in 1971 and this year there have been many disputes. The result will be an improved health service, able to attract and retain staff and give a



Mr Jim Mercer is a divisional officer of the Association of Scientific, Technical and Managerial Staffs for North London, which includes 5,300 union members in many industries, and he also has special responsibility for the Guild of Hospital Pharmacists. In his forties, Mr Mercer is married with three children. He was born in Widnes, but lived most of his early life in Southport, Lancashire, going to school at Crosby, Liverpool. Interested in history, he remembers vividly the "atmosphere of the day" during the 1945 election for the post-war period. He left school at 18 and spent two years in the RAF.

In 1951 Mr Mercer joined the Inland Revenue. He became a member of the Inland Revenue Staff Federation, an autonomous union within the civil service, and he became increasingly involved in the Federation's work — he was elected to the Union's national executive in 1966. With such a long association with "white collar" trade unionism, he was appointed a full-time official of ASTMS in 1970. He is very active in his local Labour Party and in his spare time he plays cricket and golf, and enjoys gardening.

better service. One metropolitan region is 55 per cent under strength in hospital pharmacists — worse than a strike.

What argument do you think played the strongest part in obtaining the considerable jump in salaries just negotiated?

The fact that there was such a colossal shortage of hospital pharmacists was worrying to the Department of Health. Also there was the significant development in salaries in other health spheres in 1974 and the April merger of the Guild and ASTMS produced a powerful body with financial backing and determination. I have no doubt that if the negotiations had broken down there would have been some form of dispute, and members' correspondence to me indicated that they were prepared to fight. Also we prepared a good case.

There have been comments that you were handed the increases on a plate.

There were a lot of disputes in 1974 — the question was, would pharmacists be

the next? The case I put I believe was an unanswerable one. One of my first actions with the Guild was to lodge a claim ten days after the Pay Board was disbanded. There were plenty of hard negotiations going on and they were tricky and complicated because of the political situation, reconciling the claim with the social contract, and other settlements in the NHS and the scientific civil service. In fact the phone call telling us when to meet Dr David Owen about the claim came in the middle of a Guild council meeting, just after I had told them I expected to hear from the Minister about the meeting!

I am delighted that for the first time the chemist contractors are using the salaries now obtained by hospital pharmacists in their negotiations. This is a complete reversal of what has happened in the past.

What is ASTMS's view of the NHS?

The Union's policy is that the NHS is a massive social instrument and we have got to see it maintained and improved with more resources spent on it in capital and people employed. If that means it coming out of taxation, then it has to be.

This is endorsed by our workers within the NHS who all want to provide a better service, and pharmacists are no different.

Nationalisation

What are your views on nationalisation of the pharmaceutical industry?

It is not mentioned in the last Labour Party manifesto so there is no question of it in this parliamentary session. The industry requires intervention because the state is the major user of its products. Nationalisation is the long term aim, but I don't mean there should not be greater state intervention meanwhile.

And nationalisation of pharmacies?

Nationalisation of the pharmaceutical industry has a greater priority. I see that there could be an enormous cost saving if pharmacies were stocked by the state. My own comment is that if the state was to own all pharmacies, there would be no need to attract customers into the shops to buy other goods.

Finally, what do you think you can achieve in the future for Guild members?

There are likely to be big changes after

the Noel Hall and NHS reorganisation review next March, with large rises for a considerable number of people. Once that is finished the structure of hospital pharmacy should be established for some time to come. Then we concentrate on making sure that hospital pharmacists never fall behind again. Also we want to see an increasing and developing role for hospital pharmacy. We want to look at the establishment staff levels—they are artificially low because of the old salaries. We want to make hospital pharmacy the first aim rather than the last aim of graduates.

There is an agreement in principle to meet the Minister, Dr Owen, to talk to him on the role of hospital pharmacy. When the policy ideas are drawn up, we will go and see him. Also we're examining grading structures and trying to iron out problems, and awaiting a reply on the London weighting claim. Then there are the problems of standby, call out, and overtime payments, lecture fees, acting allowances, and the layout of and capital expenditure on pharmacies. I can't see us ever running out of problems. I see a steadily improving hospital pharmacy service, and hopefully a steadily improving health service in general.

Country Counter

by a rural area pharmacist

Desperate dispensing doctors?

A few weeks ago my local GP brought me in a copy of *Pulse*—and drew my attention to an article from Dr B. D. Morgan-Williams of the BMA rural practices subcommittee. The article has of course already been commented on in the pharmaceutical Press, however I think it should be compulsory reading for all our negotiators, for all rural pharmacists—and not the least for Barbara Castle and Dr David Owen.

Who the blazes do some of these doctors think they are—men who in their own eyes, can do no wrong—who have some divine right to decide what is best for us all? Here we have them crowing in typical bull-boy fashion—we are stronger than you and we intend to keep it that way. I was so mad when I read the article that rational replies seem not enough. However, I will try for a moment to calm down and have a look at the service this disorganisation of small commercial ventures gives.

In one county some 60 per cent of pharmacists voluntarily signed a letter agreeing to handle "urgent" prescriptions when asked—despite a remuneration that is an insult and far far less than the doctor receives for a night call (or come to that a plumber or a car mechanic). In another county in the wild remoteness of Scotland it is the pharmacists who serve the whole community, Dr Morgan-Williams—not just those that are convenient but the whole community.

The article sheds crocodile tears over those who may have to drive some miles to a pharmacy at night to get a prescription dispensed. Let me tell the writer that when our baby needed urgent help in the middle of the night the two nearest doctors' Ansafone services told us they

were not on duty and to contact another doctor 7 miles away to whom we had to take the child—don't try telling me, Dr Morgan-Williams, that it is for the patient's benefit that you want to do the dispensing.

In his article Dr Morgan-Williams suggests that every time a patient on a dispensing doctor's list needs drugs he should be given the choice of who dispenses it. I can tell them of countless cases where patients have asked to go onto the doctors' prescribing list or have asked for a prescription to take to the chemist when the doctor did not have the drug required. And what was the doctor's reply? If you don't want to be on my dispensing list you will be off my list altogether—the nearest alternative doctor is 6 miles away and he won't take you. Freedom of choice—who are you kidding?

If the doctors want an open fight they can have it. When doctors write that the pharmacists' tactics have not been particularly creditable they obviously speak with experience, for none can be more adept at procrastination, prevarication and distortion than some of those who try to maintain and extend the injustices of doctor dispensing. For too long pharmacy has fought with the kid gloves on. Perhaps we should ask why the doctor dispenses Aldomet for a patient but sends him an "a long arduous" journey to the pharmacy for a coal-tar ointment. Why Lasix is dispensed by the doctor, but the patient has to go to the pharmacist for a truss, for his oxygen and for the other things that is uneconomical for the doctor to dispense. Why should the pharmacist be called out on a Sunday to dispense a prescription for a patient for whom the doctor normally dispenses but

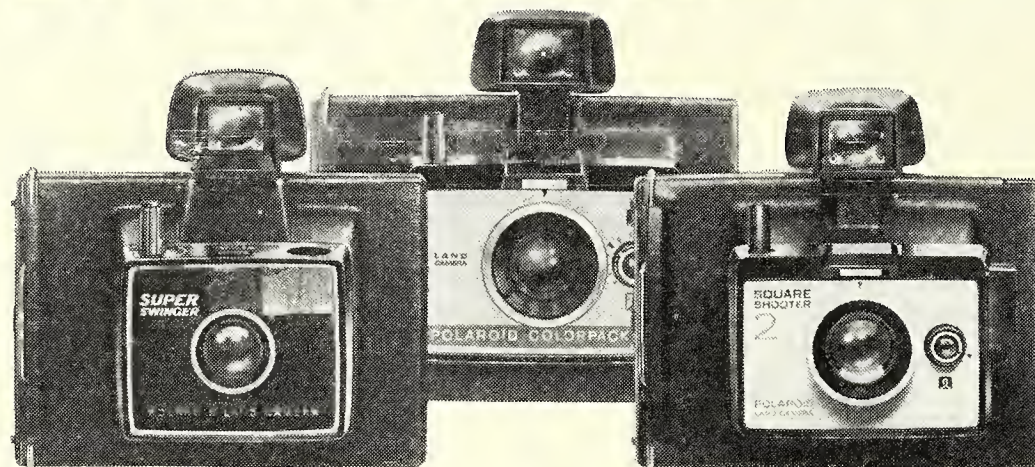
cannot be bothered to leave his house for on a Sunday? It is all very well to claim a fuller service by the doctors in areas where they do 70 per cent of the prescriptions. Of course we could do better—if we did more scripts. We could open longer to cover surgeries (we could then afford to), we would keep higher stocks (it would be economical), we wouldn't be put in the crazy situation of seeing 70 per cent of our work being done next door in the health centre "dispensaries", with only the problems and the "mile limiters" coming to us. The patients would get the most suitable medicine—not the one the doctor happens to stock.

From a later *Pulse* I see a headline "Dispensing showdown", which forecasts that the mile limit is to be abolished in favour of areas of "serious difficulty" and that no new patients will go onto doctors' lists except in these areas. I only hope that our negotiators really understand what all this is about and will fight for the principle that it is the pharmacist's job to dispense. I would accept a gradual system whereby a doctor retains his existing dispensing patients but is not allowed to take on new ones. I would not accept it if the local FPC decided what areas were ones of "serious difficulty". I know our FPC and I don't mind betting that the other FPC's are the same—dominated by dispensing doctors.

In all our discussions with the Ministry, I would think that our position should never be that we wish to harm the income of our medical colleagues for doing their jobs. There may well be an argument that a rural practices allowance should be paid to those doctors, but they must understand that we will not accept GP's depriving pharmacists of their legitimate jobs and income.

Here's hoping then that the signs of belligerency in the medical camp are hopeful signs that at long last the government are going to be prepared to sort this problem out on the grounds of what is right and not only on what the medical profession will accept.

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" " " (Large)	£3.67 " "	44p "
Eye Dew Cosmetic Eye Drops	£3.26 " "	44p "
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" Honey & Lemon Small (114 ml)	£2.67 " "	32p "
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Letters

Professional monopolies

I read the comments of Dr David Cargill you published (November 2) and I felt sorry again to see how a professional colleague (?) rushes to print to criticise pharmacists for wishing to retain the monopoly of his professional interests. Dr Cargill appears to be blind to the fact that members of his profession have the greatest monopoly of all. And so it should be—that in essence is what a profession is all about, to be able to ensure that its professional interests are subject to professional discipline and control and to ensure that outsiders do not encroach upon one's professional interests. The pharmacist is rightfully defending himself against poaching by another profession.

Dr Cargill would surely have been better employed by "retiring" from dispensing as he seems to wish (though "methinks he doth protest too much") and diverting his efforts into ensuring that a 24-hour pharmaceutical service is made available to his patients, or even changing his surgery times to help his patients, so that they can get their medicines when the pharmacies are open. Perhaps he would like to fight on behalf of pharmacists to ensure that they would be paid for this round-the-clock cover. So far I have not heard anybody put forward the suggestion that doctors would willingly give up dispensing provided that pharmacists will provide a 24-hour service. It's a good starting point for discussion and we must thank Dr Cargill for putting forward this suggestion. But is his suggestion an honest one or just put forward because he feels it is unattainable?

Dr Cargill mentions his disgruntled patients who have complained about various difficulties, presumably about the pharmaceutical service. Does he honestly believe that patients don't complain about the service they get from their GP's? Surely in a service dependent on harmonious relationships between the various professions such complaints must be taken up, the position discussed and the doctor's position explained and if necessary defended. It is my opinion that mistakes and difficulties should always be treated with the utmost diplomacy and that the relationship between doctor and patient should remain unblemished by any action on my part, and I hope and trust Dr Cargill would do the same for his pharmaceutical colleague.

Which brings me to the unfortunate statement made by Dr Cargill and his chlorpromazine suppositories. The remark is most unjustified and, of course, rebounds on him, since it is obvious that he admits to his own limitations and should one of his own patients require chlorpromazine suppositories he wouldn't be able to supply them anyway. It should be pointed out that specialist requirements are becoming more and more difficult to

obtain and it is not the lack of resourcefulness on the pharmacist's part, but in many cases the lack of resources. A month ago I had eventually to get a prescription changed because of the non-availability of paracetamol powder. A friendly discussion with my very helpful GP colleague solved the problem.

I think it's time we read more about the good relationships between pharmacist and GP and if Dr Cargill is honest with himself, he must know that the majority of my profession spend a lot of their time carrying out the wishes of the GPs meticulously and caring just as much for the patient's comfort and good health as does the GP. Any failure to carry out such demands is invariably beyond the control of the pharmacist and frequently at a financial loss.

I think that Dr Cargill would do well to consider that there may be rogue pharmacists as there are rogue doctors, but it helps no one to belittle the efforts of either profession. We can all go into print and deride our opposite numbers, but who does he think this helps?

John Davies
Wiveliscombe, Somerset

I should like to inform Dr Cargill:—

1. That a pestle and mortar would not be sufficient equipment for manufacturing a chlorpromazine suppository.

2. That I would be quite willing to make such a suppository provided that:—

(a) May & Baker will supply the chlorpromazine. Most manufacturers are not prepared to make their pure substances available to pharmacists. [May & Baker confirm that they would not supply to retail pharmacists chlorpromazine in any form other than as preparations of Largactil—Editor.]

(b) The NHS will pay me for whatever quantities of ingredients I have to buy in excess of the amount required for the prescription.

(c) The NHS will pay me a proper dispensing fee for an operation which requires considerable time and skill.

Having made him his suppository, I trust that Dr Cargill will put it to its proper use and that the active ingredient will have its expected effect.

J. D. B. Sinclair
Romford

New price marking and coding machines

A simple "squeeze and release" action on the new Norprint NOR 2/24 and 2/9 price marking and coding machines prints a self-adhesive label, with up to two lines of variable information, then presents it ready for "roll-on" application to products of any shape or size.

Flexibility has been a prime consideration in the design, say the makers. The 2/24 model prints two lines of variable detail, with up to twelve characters in each line; the information can appear in one or two colours. The 2/9 prints up to nine characters in red or black and can accept two different label sizes without modification. Three character sizes are available for both models. One unit can have a mixture of sizes, enabling certain information to be accentuated.

All the labels can be pre-printed to show retailer's name, logo or a special message, and with the largest label it is possible to

Dispensers undervalued?

With reference to the letter of M. S. Wade in your issue of October 26 (p 573) I am amazed at the hourly rate quoted.

The rate laid down by the Whitley Council for Pharmacy Technicians T is £1.03 per hour. I would suggest to Mr Wade that he should leave retail and work in a hospital or dispensing doctor's practice—it would be more rewarding. He says he has 40 years' experience; surely he is worth more than the miserly £0.50 quoted. I have been doing the job myself since 1919.

T. L. Houghton, DAH, SRN
Barnstable

Substitution warning

Newly qualified pharmacists who have gained their practical experience in hospital pharmacy may not be fully aware of the need to obtain the prescriber's permission before supplying an alternative brand for that ordered. In hospitals, it is not uncommon for only one brand of an approved medicament to be stocked and this is dispensed irrespective of the name appearing on the prescription. In general practice, such a change without the permission of the prescriber would constitute a breach of contract and might be followed by a hearing before a pharmaceutical service committee.

At a recent meeting of the Middlesex Pharmaceutical Group it was thought that this possibility, although remote, should be brought to the attention of contractors.

Scriven J. Turner
Chairman,
Middlesex Pharmaceutical Group

Pharmacy and the EEC

Your correspondents, Mr W. A. G. Kneale and Mr A. G. Wells, are both right about the nature of EEC (October 26, p 573). Primarily an economic entity (as the name implies), it soon became self-evident that economic cooperation must lead to political cooperation. But there is nothing "insidious" about this. Surely it is plain commonsense.

F. Jones (pharmaceutical manager)
P. Mitchell & Co Ltd
London W1

have three lines of pre-printing, plus two lines of variable detail. Each line is altered by a single knob. It is claimed that the machines operate at up to 100 labels per minute without fatigue. Norprint Ltd, Dovercourt, Harwich, Essex, offer a 48-hour servicing (2/9, £25 each; 2/24 £38. Trade-in allowance on any make).



Company News

John Ramsay moves to Westons

Westons Pharmaceuticals Ltd have appointed Mr John W. Ramsay group marketing executive. He has been appointed to the boards of R. Weston (Chemists) Ltd, Westons Chemists (Wholesale) Ltd and Barclay & Sons Ltd and will be responsible for the marketing activities of both retail and wholesale divisions, as well as working closely with the manufacturing division.

Mr Ramsay, who is 32, joins Westons after fourteen years with Sangers Ltd, latterly as merchandise executive when he was closely associated with Apocaire. Commenting on the new appointment, Mr Brian McElroy MPS, a director of Weston Pharmaceuticals Ltd, said Mr Ramsay's priorities in the retail division would be "corporate image, inventory mix and profitability levels".

Scottish depot completes Unichem's network

Unichem Ltd have announced £200,000 plans to expand operations into Scotland for the first time. The Society has negotiated a lease with Livingston Development Corporation to acquire a 22,000 sq ft warehouse on the Houston Industrial Estate, Livingston, West Lothian, between Glasgow and Edinburgh. The depot, planned to be operational by January 1975, will complete Unichem's national distribution network.

Announcing the plans, Mr Tom Reid, chairman, said the depot was ideally situated to serve 60 per cent of Scotland's 1,000 independent pharmacists. Initially, the depot at Grange Road, Livingston, will employ about 60 people but this number will be increased as the service builds up. It will offer a comprehensive range of medical, over-the-counter and chemist sundries lines. They will be serviced by a fleet of Unichem vans making up to three times a day delivery calls.

Glaxo make plans for increased production

In spite of difficulties Glaxo Holdings Ltd will continue to invest in research and production states the chairman, Mr A. E. Bide, in his annual report to shareholders. Plans for a new factory in the Madrid area are well advanced and further additions to manufacturing capacity in the UK and elsewhere are under study. An analysis of turnover and profit attributable to various group activities shows pharmaceuticals and foods £188.1m and £43m; UK wholesaling £66.9m and £2.2m, surgicals £7.8m and £0.63m and agricultural/horticultural products £3.9m and £0.33m.



Sir Cennydd Traherne presenting the Queen's Award to Smith Kendon's managing director, Mr Haydn Williams

Double ceremony for Smith Kendon

Winner of a Queen's Award to Industry this year, Smith Kendon Ltd, recently received the Award from the hands of the Lord Lieutenant for Glamorgan, Sir Cennydd Traherne. The ceremony was linked with the official opening of Smith Kendon's factory by Mr Philip B. Hunt, Director of Industry for Wales. The company moved to South Wales in March from Borough High Street, London where they had been since 1863. Mr Hunt said that 100 per cent production had been maintained throughout the move and that a 50 per cent increase had been achieved.

Cannon's new centre

A new 50,000 sq ft distribution centre for Cannon Rubber Ltd was officially opened at Glemsford, Suffolk, last week by Mr Keith Stainton, the local member of Parliament. A first-phase extension of the existing factory unit—in which Cannon mould the plastic items in their baby care ranges—the new warehouse is to handle both UK and overseas distribution. Approximately 60 per cent of Cannon's output is sent for export.

Briefly

Fisons Ltd, pharmaceutical division are to spend £1m on a five storey office block extension to their headquarters in Loughborough.

Reynolds & Branson, division of the Barclay & Sons Ltd Lakeside Laboratories, Rawdon, Leeds, is to trade as Barclay & Sons Ltd and will operate from Low Lane, Horsforth, Leeds LS18 5NY (telephone: Horsforth 89311). The new premises which are larger will enable the wholesale division and the surgical instrument division to trade in the same building.

Appointments

Cynamid of Great Britain: Dr John Taylor has become deputy managing director.

Janssen Pharmaceuticals Ltd have appointed Mr J. D. McIntyre their marketing director.

Greeff-Chemicals Holdings Ltd: Mr L. R. Dowsett, MA, has been appointed chief executive of the Group. Mr Dowsett was deputy chairman and chief executive of Chemical Securities Ltd, who recently merged with Greeff.

Market News

CHINESE PRICES CUT

London, November 6: Oils drifted lower again this week with Chinese suppliers reducing their prices. Anise, for both spot and cif, dropped appreciably compared to last week. Other falls were recorded in citronella, eucalyptus, geranium, palmarosa and peppermint. Trading on the crude drugs front was reported as being quiet.

Pharmaceutical chemicals

Aluminium chloride: Pure, 50-kg lots, £0.6766 kg.
Ammonium chloride: Pure in 50-kg lots £0.1872 kg for powder.
Ammonium acetate: BPC 1949 crystals £0.4245 kg in 50-kg lots; strong solution BP 1953 £0.158 kg in 200-kg lots.
Amylobarbitone: 50-kg £4.87 kg; sodium £5.60.
Benzocaine: 50-kg lots of BP £3.53 kg.
Benzoic acid: BP in 500-kg lots £0.4852 kg (50 kg kegs).
Butabarbital: 50-kg £6.32; sodium £7.11 per kg.
Butobarbitone: £6.45 kg for less than 100 kg.
Calcium lactate: 250 kg lots £412 metric ton.
Carbon tetrachloride: Technical in 4-ton lots £113.20 metric ton.
Chloral hydrate: 50-kg lots £0.75 kg
Hypophosphites: £ per kg.

	12½-kg	50-kg
Calcium	1.86	1.73
Iron	3.77	3.63
Magnesium	3.30	3.16
Manganese	3.92	3.78
Potassium	2.64	2.50
Sodium	2.32	2.19

Hypophosphorous acid: Pure, 50% £1.8912 kg for 50-kg lots. BPC 1959, 30%, £1.486 kg.
Iodine: Chilean crude £2.08½ per kg; resublimed £3.25 in 50-kilo lots.
Iron ammonium sulphate: 250-kg £205 metric ton.
Iron and ammonium citrate: (Per metric ton) granules in 50-kg lots £780; 1-ton £750. Scales £950 and £920 respectively.
Iron phosphate: 50-kg lots £517.80 metric ton.
Mersalyl: Acid £20.25 per kg.
Mestranol: £120 kg.
Oestradiol benzoate: £600-£700 per kg.
Sodium bicarbonate: BP £39.76 per 1,000 kg minimum 10-metric ton lots delivered UK.
Sodium chloride: In 10-ton lots £10.07 metric ton ex works.
Strychnine: In 5-10-kg lots, per kg, alkaloid £25.00; sulphate or hydrochloride £20.00.
Succinylsulphathiazole: 50-kg lots £3.33 kg.
Sulphadiazine: 50-kg lots £4.15 kg micro milled plus £0.15.

Crude drugs

Cassia: lignea broken £950 metric ton, cif; whole £1,035 cif.
Ginger: (ton, cif) Cochinchina £510, Sierra Leone unquoted; Jamaican No. 3 £895, Nigerian split £500 (£600 spot).
Hydrastis: £9.70, kg spot; £9.40, cif.
Ipecacuanha: (kg) Costa Rica £3.60 soot; £3.30 cif. Matto Grosso spot nominal £9.00, shipment £9.50 nominal, Colombian £5.30; £5.15 cif.
Lemon peel: £870, metric ton spot; £860, cif.
Pepper: (ton) Sarawak black £710, cif; white £905, cif.

Essential oils

Anise: £20 spot; £15.00, cif.
Bois de rose: Shipment £6.40, cif.
Camphor white: £2.50 kg spot; £2.00, cif.
Citronella: Ceylon £2.25 kg spot; £1.85, cif.
Clove: Madagascar leaf £2.60 kg cif nominal.
Eucalyptus: Chinese £7.75 kg spot and cif for 80-85 per cent. Spanish/Portuguese £4.75, cif.
Geranium: (kg) Bourbon £25.50 kg spot.
Palmarosa: No East Indian. Brazilian spot £8.00.
Peppermint: (kg) Arvensis Brazilian £6.00 spot; £5.75, cif. Chinese £12.00 spot; £11.50, cif.
American piperata: from £16.00.

The prices given are those obtained by importers or manufacturers for bulk quantities and do not include value added tax. They represent the last quoted or accepted prices as we go to press but it should be noted that in the present state of the markets quotations change frequently.

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Health and Social Services Journal, Nov. 10th 1973, 2620.



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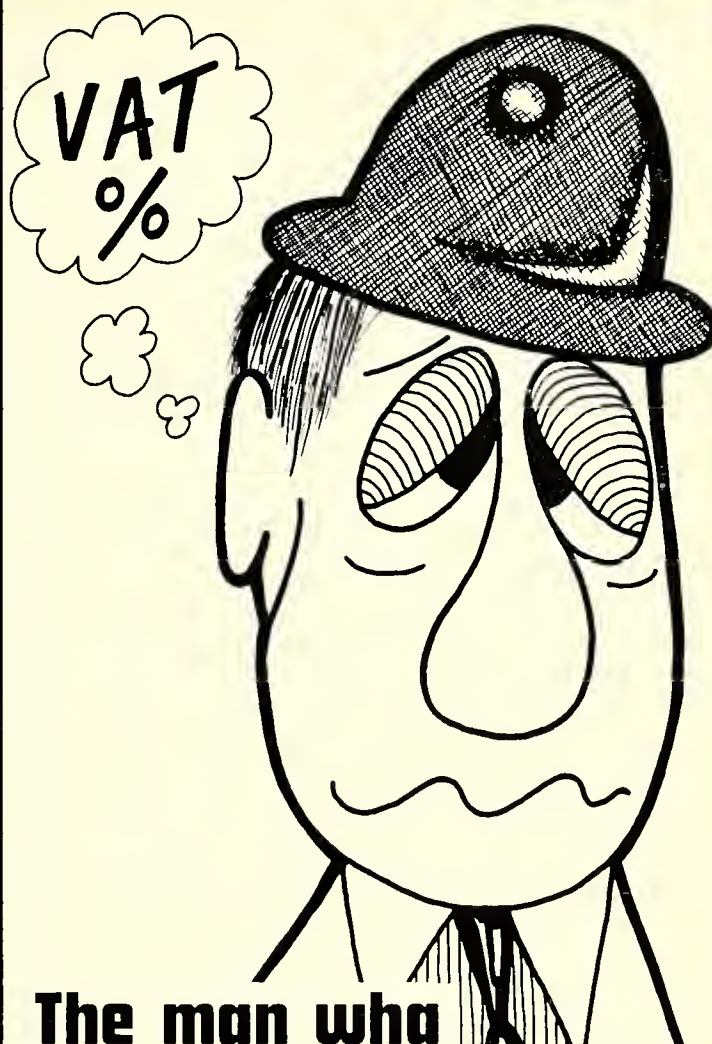
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Coming events

Monday, November 11

Burnley Branch, Pharmaceutical Society. McKenzie medical centre, at 8 pm. Dr G. A. Levell on "The district community physician in the reorganisation of the NHS".

Nottingham Branch, Pharmaceutical Society. Postgraduate medical centre, City Hospital, Nottingham, at 8 pm. Dr F. Fish on "Science in the detection of crime".

Romford Branch, Pharmaceutical Society. Macarthy's Ltd, Chesham Close, Romford, Essex, at 7.45 pm. Dr D. Bailey (Welsh School of Pharmacy) on "Environmental pollution and the role of the pharmacist".

Tuesday, November 12

Galen Group, Pharmaceutical Society. The Friend's Meeting House, Park Lane, Croydon, at 8 pm. Mr W. G. Craig on "Birds of the Surrey countryside".

Lanarkshire Branch, Pharmaceutical Society. Nurses' recreation hall, Strathclyde Hospital, Motherwell, at 7.30 pm. Professor P. Spencer on "Modern pharmaceutical science".

Leeds Branch, Pharmaceutical Society. Golden Lion Hotel, Leeds, at 8 pm. Mr J. P. Bannerman (vice-president, Pharmaceutical Society) on "Use of restricted titles".

Hounslow, Wembley and West Middlesex Branches, Pharmaceutical Society. Esso Motel, Wembley, at 7 pm. Mr E. Ogden MP on "Parliament and pharmacy".

North Metropolitan Branch, Pharmaceutical Society. School of Pharmacy, Brunswick Square, London WC1, at 8.15 pm. Dr J. B. Harse on "Legal medicine".

Wednesday, November 13

Croydon Branch, Pharmaceutical Society. Greyhound Hotel, Park Lane, Croydon. Annual dinner and dance.

Lancaster, Morecambe and Westmorland Branch, Pharmaceutical Society. Elms Hotel, Bare, Morecambe, at 7 pm. Annual dinner and dance. (Please note corrected date).

Stockport Branch, Pharmaceutical Society. Deanwater Hotel, Woodford, at 7.30 pm. Annual dinner and dance.

Scottish Department, Pharmaceutical Society. Society's Hall, 36 York Place, Edinburgh, at 7.45 pm. Mr R. E. Lister on "New drugs or no drugs; the future of pharmaceutical research."

Thursday, November 14

Ayrshire Branch, Pharmaceutical Society. Savoy Park Hotel, Ayr, at 8 pm. Mrs Myrtle Simpson on "Due north".

Federation of South-eastern Pharmacists, NPU. Southover Grange, Lewes, at 8 pm. Annual meeting.

Northumbrian Branch, Pharmaceutical Society. Wheatsheaf Hotel, Callerton Lane Ends, Woolsington, at 7.40 pm. Mr R. P. Graham on

"Acupuncture—fact or fiction" (Please note corrected date).

Oxfordshire Branch, Pharmaceutical Society. Oxford Motel, at 8 pm. Dr T. Hassall on "Recent excavations in Oxfordshire".

Worthing and West Sussex Branch, Pharmaceutical Society. Beach Hotel, Marine Parade, Worthing, at 8 pm. Dr K. Rooke on "Some medical and pharmaceutical aspects of jungle warfare".

Sunday, November 17

Anglia Region, Pharmaceutical Society. School of Pharmacy, Brunswick Square, London WC1, at 10.15 am. Symposium on "New automatic stock control methods for general practice and hospital pharmacists".

C-film 'no more effective than other spermicides'

The clinical effectiveness of C-film is no greater than that of other spermicides, says the latest *Drug and Therapeutics Bulletin*.

Studies being carried out on the product indicate pregnancy rates between nil and 10 per 100 woman-years, similar to the failure rate of other spermicidal products used on their own.

The authors conclude that C-film "can be recommended only as an adjunct to other contraceptive procedures and not on its own, and we think this should be explicitly stated in the product literature."

A trial of C-film by the Family Planning Association was discontinued after just over one year because of the "unacceptably high" failure rate, according to a letter from the Association in last week's *British Medical Journal*.

The Association does not recommend the product as the sole method of con-

traception to women attending its clinics. "Whether C-film has a role to play as an adjunctive to other methods of contraception remains to be seen," the authors conclude.

A spokesman for Potter & Clarke Ltd told *C&D* that the product information leaflet has always stated in bold type that double precautions should be taken when avoidance of pregnancy is imperative. A revised leaflet is going out with the product now but this particular instruction stays the same. He said the FPA trial was started and paid for by the company to determine whether C-film could be recommended by clinics as a sole-use contraceptive. "They are perfectly at liberty to bring it to a halt at any time" but he felt the trial was too small (185 cycles) to be conclusive about the product's efficiency. Another trial of 6,000 cycles now in progress was indicating a failure rate of about 6 pregnancies per 100 woman-years, he added.

STAFFORD-MILLER LTD.

Price increases effective November 8, 1974

PRODUCT	RETAIL PRICE INCL. VAT	TRADE PRICE EXCL. VAT
Amm-i-dent Small	17p each	£1.390 per dozen
" Large	25p "	£2.090 " "
Wernets Fixative Small	19½p "	£1.540 " "
" " Med	33½p "	£2.585 " "
" " Large	53½p "	£4.190 " "
Corega Fixative Small	19½p "	£1.540 " "
" " Med	33½p "	£2.585 " "
" " Large	53½p "	£4.190 " "
Super Wernets Fixative Small	26p "	£2.015 " "
" " " Med	40p "	£3.100 " "
Dentu-Creme Std	18p "	£1.425 " "
" " Large	24½p "	£1.935 " "
" " Economy	33p "	£2.645 " "
Poli-Grip Fixative Std	23p "	£1.765 " "
" " " Large	35½p "	£2.765 " "
" " " Economy	45p "	£3.485 " "
Super Poli-Grip Fixative	42½p "	£3.300 " "
Sensodyne Large	31½p "	£2.455 " "
" " Economy	45½p "	£3.680 " "
Tegrin Cream Shampoo	40½p "	£3.185 " "
Tegrin Lotion Shampoo Std	45½p "	£3.590 " "
" " " Economy	68p "	£5.280 " "
Proctofoam	£2.730 each	£20.255 per dozen
Colifoam	£6.370 "	£47.195 " "
Phazyme 100's	£1.940 "	£16.230 " "

STAFFORD-MILLER LTD., HATFIELD, HERTS.

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Post to Classified Advertisements, Chemist & Druggist, 25 New Street Square, London, EC4R 3JA.
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Copy Date 4 pm Tuesday prior to publication date. Advertisements should be prepaid.

Circulation ABC January/June 1974, 15,273.

Appointments

PHARMACEUTICAL STAFF IN THE PRISON SERVICE

Sessional Pharmacists are required at the following establishments:—

HM Prison, Parkhurst Road, Holloway, London, N7

HM Prison, Wormwood Scrubs, Du Cane Road, London, W12

HM Prison, Armley, Leeds, Yorks

£4.53 per session of 4 hours.

Apply to the Head Pharmacist, HM Prison, Parkhurst, Isle of Wight (Telephone: 098 381 3855) for particulars, stating age, qualifications, experience and the post in which you are interested.

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Applications are invited for the position of Assistant Manager at our Burslem, Stoke on Trent, warehouse. Experience in distribution and/or pharmaceuticals would be a valuable asset.

The salary will be according to experience and qualifications, with entry to the contributory superannuation and free life insurance schemes after a trial period. Apply by letter, marked "personal," giving full details of age, experience and current salary to:

**The Managing Director
AYRTON SAUNDERS (MIDLAND) LTD
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PHARMACIST required to take charge of pharmacy. For further details please contact Mr. Dattani, 125 St. Mary's Parade, Gascoigne Estate, Barking, Essex. Tel: 01-594 6188.

RETIREMENT VACANCY:—
Male Dispensing Assistant required for busy friendly pharmacy N.E. Essex coast. Salary plus commission.—Farebrother, 75 Frinton Road, Holland-on-Sea, Essex CO15 5UH. Phone: 0255 812100.

HM PRISON AND BORSTAL SERVICE

PHARMACEUTICAL STAFF IN THE PRISON SERVICE

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PHARMACY TECHNICIANS

HM Prison
Parkhurst Road
Holloway
London, N7

HM Prison
68 Hornby Road
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Salary scale £1,251 rising to £1,650 plus £86 per annum environment allowance and £126 per annum London Weighting at Holloway.

SENIOR PHARMACISTS

HM Prison
Parkhurst Road
Holloway
London, N7

HM Prison
Wormwood Scrubs
Du Cane Road
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Salary scale £1,956 rising to £2,391 plus £123 per annum environment allowance and £126 per annum London Weighting. Starting pay above the minimum of the scale may be offered to candidates with previous National Health Service, Government Service or other comparable experience.

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Posts superannuable under National Health Service superannuation scheme.

Intending applicants may obtain further information from the Head Pharmacist, HM Prison, Parkhurst, Isle of Wight (Telephone: 098-381 3855).

Application forms obtainable from the Establishment Officer, Home Office, Prison Department (R 10/10 VDC/TI), Portland House, Stag Place, London SW1. Please state which post you are interested in.

CLOSING DATE: 13 December, 1974.

HOME OFFICE

Classified Advertisements

Appointments

Deputy Manager— Pharmaceutical Wholesale

We wish to appoint a suitably experienced person, as Deputy Manager, to the staff of our Medical Depot situated in the London Borough of Waltham Forest.

The Depot provides a prescription and O.T.C. Medical line service to 500 GENERAL PRACTICE Pharmacists in East London, North London, and East England.

The post is essentially supervisory, and includes a general responsibility for Service levels, and administration. It will be of interest to either a young person as a starting point for a career in Pharmaceutical Wholesaling, or alternatively to an experienced person wanting to move to a Retailer controlled and motivated Friendly Society.

The successful applicant will be expected to match the enthusiasm and dedication of the existing management.

Prospects for career development are first-class.

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KING GEORGE HOSPITAL,
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GOODMAYES HOSPITAL,
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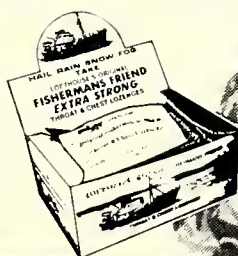
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The Trustees are also prepared to consider applications for financial assistance, beyond the scope of an employer's responsibilities, with education or training in general or special subjects, including music and the arts.

For additional information, or to apply for assistance, write to:

The Secretary, Dept CD
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Clarges House, 6-12, Clarges Street
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